Government of Saskatchewan

Annual Report 1999-2000

Saskatchewan Health

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Letters of transmittal

To Her Honour
The Honourable Lynda Haverstock
Lieutenant-Governor of Saskatchewan

May It Please Your Honour:

We respectfully submit, for your consideration, the annual report for Saskatchewan Health for the fiscal year ending March 31, 2000.

This document reflects the goals, objectives, challenges and accomplishments of Saskatchewan Health, as we work together with others in the health field to improve the quality of health for all citizens of our province.

Respectfully submitted,

Pat Atkinson
Minister of Health

Judy Junor
Associate Minister of Health

To The Honourable Pat Atkinson
Minister of Health
and The Honourable Judy Junor
Associate Minister of Health

Ministers:

I am pleased to present to you Saskatchewan Health's annual report for your consideration. In accordance with *The Department of Health Act, The Prescription Drugs Act, The Saskatchewan Medical Care Insurance Act,* and *The Vital Statistics Act,* this report covers the activities of the department for the fiscal year ending March 31, 2000.

Saskatchewan Health staff members are to be acknowledged for their commitment to ensuring all Saskatchewan citizens receive the best possible health services.

Respectfully submitted,

Glenda Yeates
Deputy Minister

A message from Minister of Health and Associate Minister of Health

This year, we heralded the dawn of the new millennium. This was an opportunity to look back at our province's many milestones, and to gaze ahead at our bright future.

As citizens of Saskatchewan and Canada, we have much for which to be grateful. Canada ranks in the top three developed countries in the world in measures of life expectancy, self-rated health and mortality rates. Saskatchewan people are living longer and healthier lives now than ever before.

Saskatchewan Health works closely with government departments and agencies, health districts, health providers and especially the public, to develop and implement programs and services to help improve the health and well-being of all Saskatchewan citizens. Our goal is to ensure that our province's publicly administered, publicly funded health system meets the needs of all citizens today, and well into the 21st century.

The Annual Report for 1999-2000 records the activities and achievements Saskatchewan Health undertook to reach this important goal. Some of our more significant accomplishments this year included:

- The addition of $2.9 million in funding to the College of Medicine to provide greater stability to needed speciality services and teaching programs;

A message from Minister of Health and Associate Minister of Health

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The mandate and key principles of Saskatchewan Health

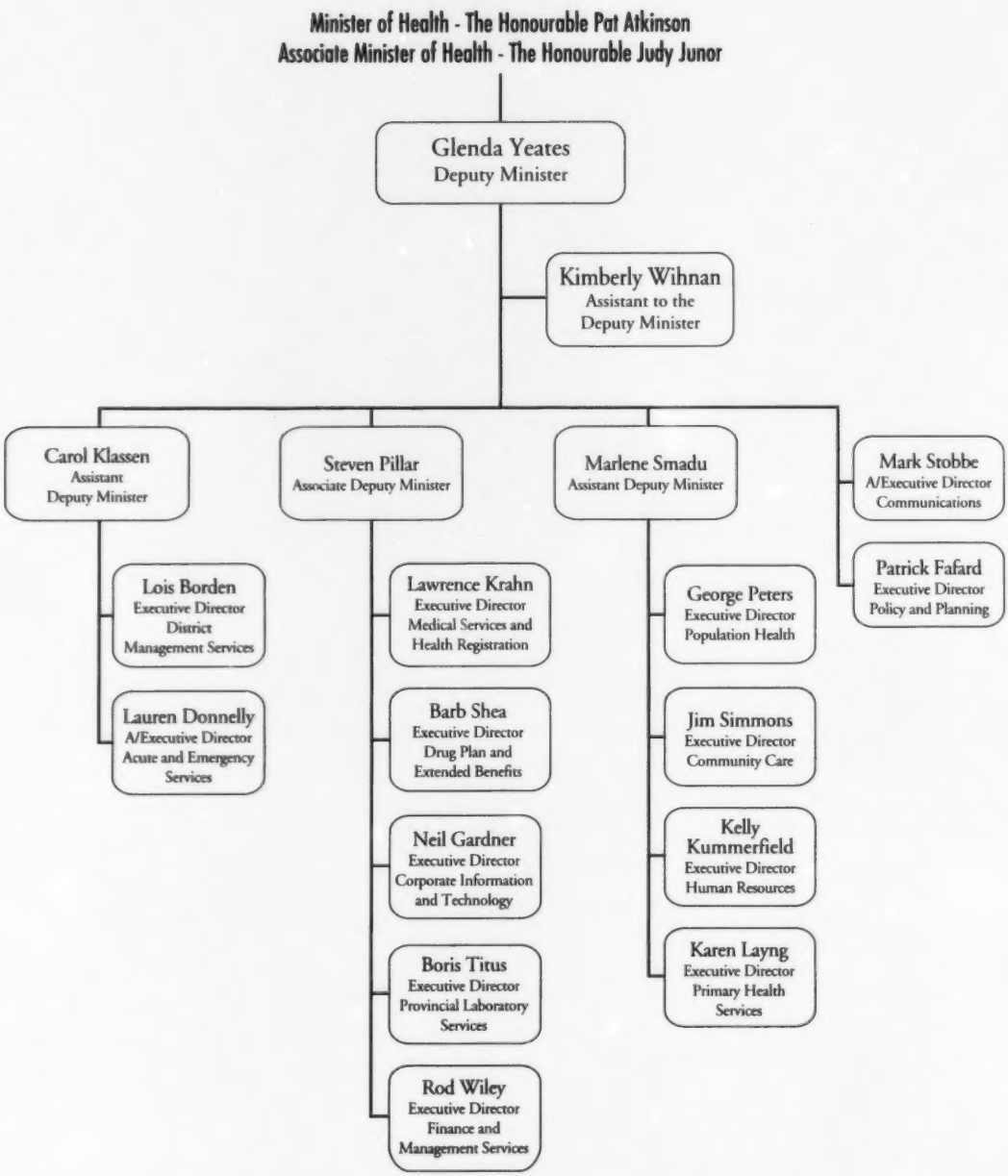
Saskatchewan Health's goal is to improve the health, in its broadest context, of both individuals and society within a financially sustainable framework, and

- to provide leadership in defining and implementing a vision for health and a framework for the health system;
- to assess, promote and protect the health of the Saskatchewan population; and
- to ensure provision of essential and appropriate services to Saskatchewan residents.

To achieve these goals, Saskatchewan Health follows five key principles which guide and direct the activities of the department.

- **Principle 1:** Increase community involvement in the health system.
- **Principle 2:** Emphasize disease and injury prevention, healthy lifestyles and population health.
- **Principle 3:** Improve the balance between institutional services and home- or community-based programs, to provide the right service at the right time in the right place – as close to home as possible.
- **Principle 4:** Co-ordinate and integrate health services for a more responsive, efficient, client-centred system.
- **Principle 5:** Ensure a financially sustainable, publicly funded health system.

Saskatchewan Health organizational chart



As of February 2000

Developing effective performance measures
for Saskatchewan's health system

As demands continue to be placed on the Saskatchewan health care system, it is becoming increasingly important to better understand the health of Saskatchewan people, and the effectiveness of our health care services and service delivery. Developing the means to accurately monitor the performance of health service delivery is an essential element in creating a sustainable and accountable public health system. Furthermore, the ability to accurately monitor performance allows health care providers and agencies to better target programs and develop policies.

Saskatchewan Health recognizes the value and potential of using performance indicators to better meet the health needs of all Saskatchewan citizens. The department has actively engaged in system performance and health status indicator dialogue and development internally, and at the provincial and national levels. Saskatchewan Health initiated a working group to ensure that indicator development and use is planned and co-ordinated across the department. In addition, this working group is developing a meaningful set of core health status, health determinant and health system performance indicators to improve the management of the health system at all levels. This will make the system more accountable and transparent. The following are examples of some of the performance measure initiatives underway:

Departmental activities:

- Developing strategic planning guidelines that include a section on drafting performance measurements;
- Developing a draft Health Indicators Framework, based on the Canadian Institute of Health Information's (CIHI) Roadmap Health Indicators Framework; and
- Updated the 1995 Health Information Sourcebook.

Provincial forums and activities:

- Continuing to work with health districts and the Health Services Utilization and Research Commission (HSURC) through the Information Needs Working Group (INWG) on the Health Services and Outcome Indicators Project. The purpose of this project is to provide health district boards with comprehensive and comparative information that they can use to support needs assessment and strategic planning, and to guide decisions on allocation of resources, program development and program management.
- Continuing to work with the health departments in the provinces of Alberta and Manitoba, as well as the University of Alberta and Health Canada, to develop the elements and processes for inter-provincial diabetes surveillance, which will eventually form the technical basis for the National Diabetes Surveillance System (NDSS).
- Initiated the Western Canada Wait List project, together with other western provinces and other partners, with funding from the federal government's Health Transition Fund. The goal is to improve the management of waiting lists.

National forums and activities:

- Continuing to participate on a sub-committee to the federal/provincial/territorial Advisory Committee on Population Health. This committee's work is intended to inspire and guide planning for population health action, as a tool to stimulate and support broad inter-sectoral action by partners inside and outside government and measure progress toward population health goals.
- Engaging in discussions with the Canadian Institute of Health Information (CIHI) at various levels regarding health system performance measurements, and the development of long-term care and home care indicators.

The health sector prepares for the Year 2000

Given the potential for disruptions to our health system should date-dependent devices or systems fail to operate properly, Saskatchewan Health provided Year 2000 (Y2K) guidance and assistance to health districts across the province.

A $50 million Millennium Fund for Medical Equipment and Technology was established to assist health districts in replacing non-compliant devices and systems, and in preparing for Year 2000. The following areas were addressed: security, fire alarm, heating/ventilation and elevator control systems; and computer systems. In addition, contingency plans were developed to enure that critical health services would continue to be available in the event of any unforeseen failures or supply shortages.

With the assistance of the clinical engineering departments of the Saskatoon and Regina health districts, over 25,000 bio-medical devices were evaluated and tested for Y2K compliance. Approximately 150 of these devices were found to require extensive remediation or replacement. The types of devices found to be non-compliant were defibrillators, heart

monitors, ventilators, ultrasound equipment, patient monitoring systems and anaesthetic systems.

As well, more than 11,000 control systems in the 500 health care facilities across the province were tested to ensure controls for heating, ventilation, air conditioning, security access and fire alarms were ready for the Year 2000. All non-compliant components were upgraded or replaced.

A number of information systems in areas such as admissions, financial/materials management and clinical areas required replacement or upgrading. The larger health districts, with extensive reliance on information technology systems, were most notably affected and expended a great deal of effort to ensure a smooth transition into the Year 2000.

A co-ordinated approach between Saskatchewan Health, the health districts and other provinces was also used to assure the continuity of critical supplies and services as the Year 2000 transition occurred. A comprehensive series of contingency plans was developed to provide an effective response to any potential Year 2000-related disruption in services.

As a result of the comprehensive and timely actions undertaken in preparation for the new millennium, there were no adverse events reported throughout the health sector.

Determining the health needs of Saskatchewan people

Saskatchewan Health is responsible for ensuring the health and well-being of the citizens of the province, in partnership with health districts, health professionals and communities. In order to accomplish this goal, it is necessary to assess the health needs of the public.

During 1999-2000, Saskatchewan Health used many tools to measure the effectiveness of the health services and programs funded, supported or directly delivered by the Department. In this way, it is possible to ensure these services best meet the needs of individuals, communities and society today and in the future.

- Saskatchewan Health continued to work with health districts and the Health Services Utilization and Research Commission (HSURC) to identify and define health status and health service/utilization indicators for four population groups: mothers and infants, children and youth, adults, and seniors. These indicators are intended to support health district needs assessment and strategic planning. During the reporting year, the working group completed the selection of core (i.e. those on which all health districts will be required to report) and optional indicators for all of the four population groups. As well, the first publication, a health district resource package and a stakeholder document on the health of the mothers and infants population group were released.

Determining the health needs of Saskatchewan people

- Saskatchewan Health participated in the planning and administration of the Saskatchewan Population Health Status and Dynamics Survey, a major survey of Saskatchewan residents. The survey was implemented in 1999-2000, and the results will be released in Fall 2000.

- The department provided support to health districts in the development of three-year strategic plans. The support included the continued development of needs assessment and their 1999-2000 plans, which outline the major operational issues, goals and plans of a district. As well, the department worked with health districts to meet accountability requirements as set out in service agreements between the Minister of Health and health districts, the provincial accountability framework, and other directives.

  Saskatchewan Health reviewed health district three-year strategic plans and health plans to ensure that health service delivery is consistent with the provincial vision for health renewal, government priorities, and sound health policy. As well, the health district plans must include adequate public and health worker involvement and communications.

- The department managed the 1999-2000 provincial health capital budget of $37.8 million, a slight decrease from last year. The capital program was expanded to include occupational health and safety, energy management and maintenance initiatives. This change was accompanied by a new technical review process to help ensure that the process remains equitable, efficient and transparent.

- A pilot study of four Alternative to Violence (ATV) programs has been initiated, in partnership with the Battlefords, Regina, South Central, and East Central health districts. The purpose of this study is to evaluate the patterns of repeat assaults during treatment and a six-month follow-up period. As this is the first study of its kind in Saskatchewan, the focus will be to field test measurement tools, obtain estimates of program attrition and re-assault rates, as well as rates of volunteer participation.

- A Home Care Outcome Review/Self Evaluation Guide has been developed and distributed to each health district. Provincial home care policy requires districts to conduct formal reviews of their home care programs on a regular basis. The guide will assist districts to thoroughly evaluate their home care programs. The information gathered will be used to strengthen program services.

- Saskatchewan Health undertakes an annual mental health services program review which examines the four key program areas in mental health. This year's review focussed on the psychiatric rehabilitation program in each health district. The process highlights service enrichments, issues and concerns. This information assists Saskatchewan Health and health districts to further enhance mental health services.

- Saskatchewan Health is working with the Department of Social Services, five health districts where young offender facilities are located, and other stakeholders, to develop a comprehensive service delivery system for high risk violent young offenders. Out of this

work, assessment, treatment and case management standards for violent young offenders who are at risk for repeated episodes of violence will be developed. This initiative evolved from two successful provincial forums on High Risk and Violent Young Offenders.

- A supplementary data report of the Acquired Brain Injury (ABI) Partnership Project was completed. It complements the previously released program evaluation report. The evaluation activities were co-ordinated on a provincial level and examined the scope of the partnership project between Saskatchewan Health and SGI. The next step in the evaluation process will focus on individual program evaluations. Evaluation training sessions were held in the fall of 1999 and preliminary work plans were submitted and approved by a sub-committee of the ABI Advisory Group.

- Saskatchewan Health participated in the development of the Canadian Problem Gambling Index (CPGI). The index is a national scale to measure the prevalence of problem gambling in Canada. During 1999-2000, the scale underwent intensive reliability and validity testing, including a telephone survey on a sample of 3,000 randomly selected Canadians.

- The Labour Market Analysis of Saskatchewan Nursing, conducted by Sask Trends Monitor, was released in January 2000. While the report shows projected shortfalls between the supply of and demand for registered nurses, psychiatric nurses and practical nurses, the report's findings indicate:

  - A slow-but-steady increase in the number of Registered Nurses finding full-time work immediately after graduating;
  - A corresponding decrease in the number of RNs leaving the province to look for work;
  - A large pool of educationally qualified nurses within Saskatchewan who may be attracted back into the profession; and
  - A 20 per cent decrease in the number of RNs working as managers or supervisors, and a four per cent increase in the number of nurses providing institutional or community care.

- Saskatchewan Health has adopted a primary health services model, which is a collaboration of physicians, nurses and other health professionals who work together as an interdisciplinary team. The department participated with health district providers and other health agencies to determine the needs at primary health service sites. High-risk individuals are identified so that services can be targeted to meet specific needs. Data collection and analysis has been started at five primary health service sites. As well, an evaluation framework has been developed to evaluate primary health services sites. This comprehensive evaluation will use both qualitative and quantitative methods in assessing the impact of the primary health services delivery model on specific populations served.

- The complexity of public health, environmental and clinical issues continues to increase. Saskatchewan Health's Provincial Laboratory is responsible for the clinical and public health testing services which provide infectious disease surveillance data. This

enables early detection of outbreaks of infectious diseases, and timely intervention of appropriate public health measures. As well, the Provincial Laboratory provides medical microbiology and complex chemistry testing results that aid physicians in diagnostic and treatment decisions.

Health services provided by Saskatchewan Health

During fiscal year 1999-2000, Saskatchewan Health continued to work closely with health districts, health providers, community groups and individuals to provide a wide range of health services and programs to address the health concerns of the people of this province. This work helps the department meet its goals to promote and protect the health of the Saskatchewan population, and ensure the provision of essential and appropriate services to all citizens.

During the Saskatchewan Union of Nurses strike and other labour action that occurred in early 1999-2000, Saskatchewan Health supported and provided guidance to health districts to ensure the continued availability of health services to Saskatchewan citizens.

ACUTE CARE AND EMERGENCY SERVICES

Saskatchewan Health provides funding for a full range of acute care and emergency services in the province, and works with health districts and health professionals to ensure that access to quality service is maintained and improved.

Acute care services

The provision of acute care services is changing. New technologies and advances in the practice of medicine and the development of more community-based alternatives are allowing service levels to be maintained with fewer inpatient hospital beds. Increased day surgery, same day admission for surgery and diagnostics, and more outpatient services result in fewer inpatient admissions and shorter lengths of hospital stay. New procedures and techniques are less invasive, with less risk and discomfort, and lead to faster recovery.

Acute care services include medical and surgical care, obstetrics, perinatal and pediatric care, psychiatric care and emergency services, as well as other specialty and support services. Both hospitals and health centres provide a range of services, though only hospitals provide acute inpatient care. The mix and range of services provided by individual facilities varies with the health needs and priorities of the health district and local community.

There were 70 acute care hospitals and 74 health centres throughout Saskatchewan

As of March 31, 2000 there were 70 acute care hospitals, excluding Carrot River which had been operating as a health centre since December, 1999 due to a shortage of physicians in the community; one rehabilitation hospital; and 74 health centres throughout Saskatchewan. As of March 1999 about 69 per cent of people in the province have a travel time of less than 10 minutes to reach a hospital, while 95 per cent are within 40 minutes of a hospital.

In Saskatchewan, *The Hospital Standards Act* and *The Hospital Standards Regulations, 1980*, establish minimum standards for care and certain administrative requirements for all hospitals. All hospitals in the province must provide facilities for the provision of treatment services for inpatients, outpatients, diagnostic services and x-ray or dark room space provided or available. Every hospital shall have a room furnished as a pharmacy, at least one registered nurse on duty on each shift, and at least one physician who lives in the community.

Access to specialized medical imaging services was improved in Saskatchewan during 1999-2000. Magnetic Resonance Imaging (MRI) services expanded, with a service starting in Regina in April 1999, and a second MRI in Saskatoon at Saskatoon City Hospital, beginning operation in July 1999. A new MRI unit was put in place at the Royal University Hospital in Saskatoon in November 1999.

As well, Computerized Tomography (CT) services expanded during the reporting year. A shared CT service between the Swift Current and Moose Jaw hospitals became operational in January 2000. This initiative will be evaluated to determine whether access for residents in the southwest part of the province was improved. The evaluation will also examine whether specialty physician recruitment and retention increased in this area of the province that comprises about 100,000 people. In 1999-2000, CT services were available in Saskatoon (three machines), Regina (three machines), Prince Albert (one machine) and Swift Current/Moose Jaw (one machine).

Saskatchewan Health provided funding to the Regina Health District for the one-time costs associated with the development of a bone mineral density testing service for residents of southern Saskatchewan.

Renal dialysis services were brought closer to home for more patients in the northeast and the southeast part of the province as the Tisdale and Yorkton satellites expanded their operations in June and November respectively. Planning, renovation and staff training occurred for a new satellite service in Swift Current scheduled to open in April 2000. Sites providing renal dialysis services include Regina and Saskatoon, Lloydminster, Prince Albert, Tisdale, Yorkton and Swift Current. Close to 400 patients received dialysis throughout the year.

During 1999-2000 the province was quite successful when compared to other Canadian jurisdictions in the number of people willing to be organ donors, although there is still room for improvement in this area. In the 1999 calendar year, 51 kidney transplants were performed in the Saskatoon health district.

Saskatchewan Health continued to provide services to support the planning, construction and ongoing management of facility infrastructure in communities across the province. In 1999-2000, projects were undertaken to replace and/or renovate existing hospitals, to enhance access to acute care and improve patient care delivery. Projects in Humboldt, Leader, Moosomin, Melfort, Preeceville, Rosthern, Saskatoon, Spiritwood and Yorkton were approved in principle or recommended for further planning. Plans to consolidate mental health facilities in Saskatoon were also approved in 1999-2000.

Cancer services

The Saskatchewan Cancer Agency continued to expand the Community Oncology Program, which was initially piloted with four health districts in 1996-97. The program was expanded in 1999-2000 and, to date, 18 health districts are now involved in this program. The program allows patients to receive chemotherapy and other supports closer to home, while maintaining a close link to expertise at the cancer centres in Regina and Saskatoon.

As well, the department gave approval for and contributed $1.5 million towards the purchase of a new linear accelerator for the Saskatoon Cancer Centre in 1999-2000. Linear accelerators are the primary piece of medical equipment used to deliver radiation therapy to cancer patients. Radiation therapy is one of three major treatment methods, along with surgery and chemotherapy, used in the treatment of cancer. An additional linear accelerator will ensure residents continue to have access to state-of-the-art cancer therapies in the province of Saskatchewan. In fact, Saskatchewan is one of the few provinces in Canada that does not send cancer patients out of province for radiation treatment, because we continue to meet national guidelines for acceptable waiting times for this type of cancer treatment.

Saskatchewan Health is working with the Saskatchewan Cancer Agency to expand the peripheral blood stem cell transplant program. The expansion of this specialized service in our province ensures more cancer patients can be effectively treated closer to home, reducing the financial and emotional burden of travelling large distances to receive treatment. In 1999-2000 the Stem Cell Program provided services to 44 patients, compared to 26 in 1998-99.

Surgery and other procedures

The Task Team on Surgical Waiting Lists was appointed in December 1998 and issued its final report in March 1999. During 1999-2000, the government began to implement some of the recommendations contained in the report, for example devoting an incremental $12 million in

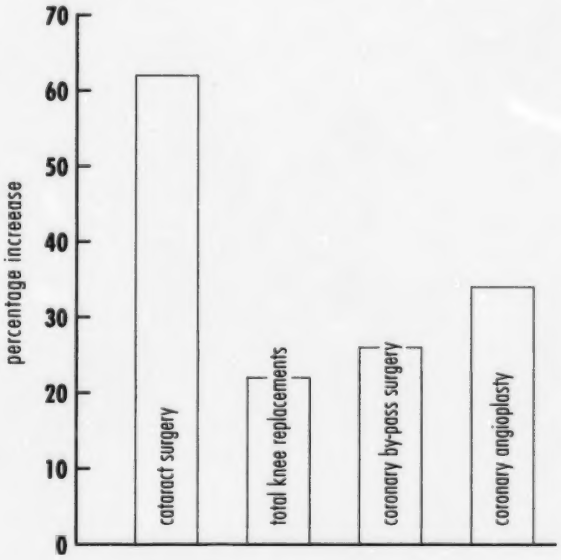
support. Preliminary reports indicate that the number of surgeries performed in 1999-2000 was similar to the previous year due, in part, to a delay in implementation, the nurses' strike and the need to purchase additional equipment. The department continues to work with health districts to improve access to surgical services.

A Surgical Access Review Committee (SARC) was established in January 2000 to assess and monitor access to surgical services in the province. SARC will report to the Deputy Minister of Health and be composed of representatives from health districts, the Saskatchewan Cancer Agency and Saskatchewan Health. The committee has been formed to ensure the best use of surgical resources and fair access to surgical services in Saskatchewan.

Saskatchewan Health was among the western provinces which received $2.2 million from the federal government's Health Transition Fund to initiate the Western Canada Wait List project, in September 1998. The main goal of the project is to improve the fairness of wait list systems, by designing and evaluating a set of valid and reliable tools to assist in the management of waiting lists for selected procedures and interventions. There are 19 partner organizations including medical associations, regional health authorities, research centres and ministries of health.

In 1999-2000, screening tools were developed for five targeted areas. The development of objective assessment tools to be used when priorizing patients is an important step toward building a surgical booking system that provides fair and reasonable access for all patients in Saskatchewan.

PROCEDURES IN HIGH DEMAND HAVE INCREASED OVER FIVE YEARS:



PHYSICIAN RECRUITMENT AND RETENTION

Saskatchewan has always faced the challenge of recruiting and keeping physicians. In an effort to attract these key health professionals, Saskatchewan Health, in collaboration with other agencies, has developed such innovative programs as:

- Emergency Room Coverage Program which ensures that emergency coverage is available in smaller centres by providing compensation to physicians;
- Rural Practice Establishment Grant which provides $18,000 grants to Canadian-trained physicians to establish new practices in rural Saskatchewan;
- Undergraduate Medical Bursary Program to provide bursary assistance to second through

fourth year medical students for a one-year service commitment to rural Saskatchewan;

- Medical Resident Bursary Program which provides a bursary for up to four medical residents for a one-year rural service commitment;
- Rural Enhancement Training Program to provide income for up to two in-practice rural physicians and two medical residents to complete specialized training in areas of demand in rural Saskatchewan, such as general practitioner anaesthesia;
- Locum Service Program which provides short-term relief to rural physicians for vacation, education or other leave;
- Weekend Relief Program which offers funding for replacement coverage to rural communities with fewer than three physicians; and
- Re-entry Training Program which offers two grants to rural family practitioners who wish to enter specialty training.

These programs have had a positive impact on the recruitment and retention of physicians in Saskatchewan. More than 70 bursaries have been awarded to medical students and residents since the programs' inception. Of the 23 family medicine graduates from the College of Medicine, University of Saskatchewan, 16 were practicing in the province and six established a practice in rural Saskatchewan. Eight Rural Practice Establishment Grants were awarded in 1999-2000 bringing the total to 36 since its inception.

Compared to 1998-99, the total number of active physicians in 1999-2000 is up by 4.7 per cent; 6.7 per cent for general practitioners and 1.6 per cent for specialists. The annual turnover of physicians remains at about nine per cent.

There remains a need to recruit foreign-trained physicians to Saskatchewan, with 413 applications processed during the year. This was down slightly from the 420 applications processed in 1998-99.

Of the 23 family medicine graduates from the College of Medicine, University of Saskatchewan, 16 were practicing in the province and six established a practice in rural Saskatchewan.

These include new applications for both short-term and long-term positions, extensions of current employment authorization and temporary leave replacements for such things as vacation and medical leave.

This province also offers alternate funding opportunities for physician services. Alternative methods of compensating physicians for services are designed to provide physicians with the opportunity to develop programs and deliver services to meet patient needs, including health promotion and educational activities. They also provide the flexibility for physicians to work as members of a multi-disciplinary team while maintaining a reasonable income. Funding levels are determined based on such

Number of Physicians In Active Practice*, 1997-98 to 1999-2000

	General Practitioners	Specialists	All Physicians
1997-98	669	444	1,113
1998-99	695	442	1,137
1999-2000	714	451	1,165

*Physicians earning $12,500 or more in the fourth quarter and practicing in Saskatchewan at the end of the fiscal year.

1999-2000 Turnover of Physicians

Practicing	General Practitioners		Specialists		All Physicians	
	#	Turnover	#	Turnover	#	Turnover
1998-1999*	695		442		1,137	
1999-2000 (still)**	618	11.1%	417	5.7%	1,035	9%
1999-2000 (total)*	714		451		1,165	

* Physicians earning $12,500 or more in the fourth quarter and practicing in Saskatchewan at the end of the fiscal year.

** Physicians earning $12,500 or more in the fourth quarter of two consecutive years and practicing in Saskatchewan at the end of both the fiscal years.

Note: The net number of physicians who entered practice in 1999-2000 was 130, the difference between "Practicing" (1,165) and "Still Practicing" (1,035).

factors as: the population served; service need; and ongoing viability and sustainability of the service. Health districts are funded through a contractual agreement and may choose from a variety of payment options such as contracts, salaries or sessional payments in their agreements with the physicians.

The number of projects involved in alternative payment arrangements has increased each year since the program began in 1993-94. The number of active projects in 1999-2000 increased by 52 per cent, compared to the 1996-97 level. Total payments for projects and programs in 1999-2000 were $12.5 million, up 21 per cent compared to 1998-99. The portfolio of projects is diverse and includes both general practitioners and specialists such as intensivists, obstetricians and general surgeons. In 1999-2000, 49 per cent of the active contracts were for general practitioner services and 51 per cent for specialist services. Other groups of physicians who derive the majority of their income from mechanisms other than fee-for-service are physicians funded through health district budgets, community clinic physicians and the College of Medicine. When combined, total expenditures for all of these practitioners in 1999-2000 were approximately $97.5 million and comprised more than 15 per cent of physicians in the province.

For physicians, all services are paid and refunded at the rates and policies of the province where the service was provided. For all hospital services (except for per diems), the services are paid at standard Canadian rates, which are set by the federal/provincial Co-ordinating Committee on Reciprocal Billing. All provinces establish their own per diems according to a standard Canadian formula. Some services are excluded from reciprocal billing, such as routine health exams and cosmetic surgery.

Other health workforce accomplishments

In 1999-2000, Saskatchewan Health established a health workforce planning unit to:

- Identify Saskatchewan's health sector workforce needs;
- Ensure that the supply of health providers is maintained at levels required to meet health system requirements;
- Increase the retention of health providers;
- Ensure that the compensation structure is

based on equal pay for work of equal value;
- Ensure the organization and utilization of health providers is effective and efficient;
- Ensure that health providers will be accountable for quality of care; and
- Ensure effective consultation and communication.

Saskatchewan Health and Saskatchewan Association of Health Organizations (SAHO) entered into a new agreement with Lifestream to co-ordinate recruitment activities for health practitioners in Saskatchewan. For the past two years, Lifestream has been successfully co-ordinating recruitment activities for physicians. The new agreement is an extension of the work they have been doing on behalf of SAHO and Saskatchewan Health. Lifestream established a new health provider web site (www.skhealthjobs.org), where health employers can post their vacant positions and practitioners can review positions. During the first eight months that the site was operational, an average of 18 health districts and other employers advertised on the site, and an average of 100 positions were advertised. The site was accessed about 200 occasions per week. As well, Lifestream produces a newsletter entitled Saskatchewan Healthcare Opportunities, which is circulated to all students who are in training programs and other providers throughout the province to keep them updated about job possibilities throughout the province.

A nursing re-entry bursary program of $500,000 was established through SIAST to assist previously licensed registered nurses, practical nurses and psychiatric nurses to take the required education to become licensed again to work in the province.

Eighty additional nursing seats in the Nursing Education Program of Saskatchewan (for Registered Nurses and Registered Psychiatric Nurses) and increased seats in the Licensed Practical Nurses program were approved.

The Provincial Nursing Council was established to identify health policy issues that have a significant impact on the nursing workforce, the work environment, quality of care or education. As well, this group will provide feedback and advice to Saskatchewan Health on the issues identified and ways to enhance and improve the delivery of health services. The council will also identify individuals, agencies or groups that could assist the department in forming policies in the areas identified. The nursing council is made up of representatives from academic institutes, professional associations, unions, students and government.

In March, Saskatchewan Health, the Saskatchewan Registered Nurses' Association and the Nursing Education Program of Saskatchewan (NEPS) signed a memorandum of understanding that outlines strategies to facilitate an adequate supply of competent nurses available to meet the needs of the health system. The strategies of the memorandum included the following points:
- Qualified students in NEPS can complete a degree in nursing in three years, three-and-a-half years or four years;
- Enhance access to the NEPS through distance delivery;
- Explore the development of a BSN after degree program;
- Pursue the concept of a co-op program for nursing in Saskatchewan;
- Increase recruitment and retention of Aboriginal students in nursing education programs;
- Pursue strategies to enhance use of the nursing re-entry program;

- Develop prior learning assessment and recognition mechanisms for diploma nurses and others for purposes of nursing education and licensing; and
- Pursue strategies to recruit and retain in Saskatchewan, graduates of the nursing education programs.

Saskatchewan Health provided $20,000 to support the joint Aboriginal Employment Development Project, led by SAHO, aimed at increasing and facilitating employment of First Nations persons in the health system. There are 18 health organizations involved in the partnership agreements. More than 600 people of aboriginal ancestry have been employed by health districts, as a result of the partnerships.

Saskatchewan Health continued to manage three provincial bursary programs: paramedical, northern and undergraduate medical. These programs are a specialized recruitment initiative which provide financial assistance to Saskatchewan residents studying health professions where critical shortages exist. These programs are having a positive impact on the recruitment and retention of health providers in Saskatchewan. During 1999-2000, the paramedical program awarded 16 bursaries to physical and occupational therapy students. Each student received $7,000. Upon graduation, each student must provide a return in service to the province for anywhere from two to four years.

Ambulance services

The Saskatchewan Air Ambulance Service provided 934 flights in 1999-2000. The provincial air ambulance program is administered by Saskatchewan Health and is based at the Saskatoon airport. Saskatchewan Health contracts with the Saskatchewan Property Management Corporation for the provision of aircraft, pilots and maintenance. Saskatoon District Health and St. Paul's Hospital are contracted to provide the nursing staff for the program. MD Ambulance of Saskatoon provides flight paramedics.

The 108 road ambulance providers in the province responded to 77,663 calls during the year. More than 1,400 emergency services providers (emergency medical responders, emergency services technicians, paramedics and registered nurses) work with the ambulance services. As well, there are more than 1,300 trained First Responders in the province. First Responders are community-based, rapid response volunteers who are linked with local ambulance services. These volunteers can provide First Aid, CPR and other basic emergency interventions until the ambulance arrives.

The 108 road ambulance providers in the province responded to 77,663 calls during the year.

The Senior Citizens' Ambulance Assistance Program (SCAAP) handled 7,945 claims in 1999-2000. SCAAP covers the cost of ground ambulance trips that exceed $250, for the province's senior citizens, age 65 and over.

The Saskatchewan Pediatric Transport Service was implemented in 1998 to develop quick, co-ordinated access to specialized acute care facilities for all children throughout the province. More than 200 children have received emergency transportation from the rural

and northern areas of the province to specialized health facilities in Regina and Saskatoon. Each team is composed of a Registered Nurse and a Registered Respiratory Therapist with additional training and expertise in pediatric critical care. The team travels to the chil ', stabilizes and transports the child to Regina or Saskatoon, where medical consultation is provided by pediatricians or pediatric critical care specialists. Rural and northern physicians and registered nurses are able to access 24-hour, seven-day-a-week telephone consultation with a pediatric specialist to assist them with stabilization and treatment of children. Together, the referring physician and consultant determine the appropriate method of transfer for the child.

Medical and health insurance coverage

The Saskatchewan Medical Care Insurance Plan covers a wide range of services provided by physicians, chiropractors and optometrists, as well as some services provided by dentists. The plan pays for insured services on a fee-for-service basis, in accordance with medical care insurance payment schedules. These schedules reflect agreements reached with various professional associations. Contract and salary funding arrangements are also developed by mutual agreements and implemented to support stable and appropriate service provision.

Through the health registration process, a central registry of all Saskatchewan residents eligible for provincial health benefits is maintained. A provincial health services card with a unique health services number is issued to ensure only eligible Saskatchewan residents receive insured health benefits.

In 1999-2000:

- Saskatchewan Health registration staff handled 235,600 telephone calls and served more than 16,000 clients in person.

Health registrations in Saskatchewan
1997-98 to 1999-2000

	1997-98	1998-99	1999-2000
Covered Population*	1,020,351	1,031,933	1,041,256
New Family Registrations	18,433	14,518	13,222
Family Address Changes	112,628	105,012	142,119
All Beneficiary Changes	331,059	403,124	521,643
Health Services Cards Issued	124,009	107,612	135,129

*per health registration at June 30 of each year.

- Eighty-five per cent of Saskatchewan's eligible residents had insured health services paid to physicians on their behalf.
- The number of visits to Saskatchewan physicians increased by 0.9 per cent to 5,682,400 services, with 4,761,700 visits to general practitioners and 920,700 visits to specialists.
- On a per capita basis, there were 5.46 visits per person. This is unchanged from the previous year. There were 4.57 general practitioner visits and 0.89 specialist visits per capita.
- Nine per cent of Saskatchewan's eligible residents received optometric services, and 10 per cent received chiropractic services.
- The average per capita cost for services provided in Saskatchewan were $258.85 for physician services, $3.53 for optometrist services, and $8.43 for chiropractic services.
- More than eight million claims for services were processed, with about 96 per cent of these claims submitted via computer.

Twenty-nine Saskatchewan residents received approval for out-of-country specialized treatment not available in Saskatchewan (this excludes patients treated in the United States as a result of the April 1999 nursing strike). Prior approval is granted only for cases where

the service is not available in Canada upon the written application of a specialist within whose field of practice the required service lies.

SERVICES IN THE UNITED STATED FOR PATIENTS WITH PRIOR APPROVAL

	1997-98	1998-99	1999-2000
Patients	26	20	35
Physician Payments	$237,000	$193,400	$233,900
Hospital Payments	$407,700	$328,800	$320,400
Total Payments	$645,000	$522,200	$554,300

Note: The number of patients receiving services in a year may not equal the number approved during the year. Possible reasons include patients not going, or receiving treatment in a different year.

PRESCRIPTION DRUGS AND SUPPLEMENTARY HEALTH SERVICES

The Saskatchewan Prescription Drug Plan is designed to provide necessary medications to families with low incomes, families with high drug costs, or both.

Two expert committees, the Saskatchewan Formulary Committee and the Drug Quality Assessment Committee, review all drugs before being covered by the Drug Plan. They examine the medical benefits of each new drug and its value to the health system, and give advice to the Minister of Health as to whether a drug should be covered under the Drug Plan.

During 1999-2000 the number of fully covered products in the Saskatchewan Formulary increased by 115, and 63 products were approved for criteria based coverage under exception drug status.

In August 1999, the Prescription Drug Plan began paying for trial prescriptions. The program first began in January 1995 as a joint project with the Saskatchewan Pharmaceutical Association. The pharmacist is encouraged to dispense a seven to 10-day supply for the initial prescription of certain drugs, monitor the effect on the patient, and if the outcomes are positive, dispense the full prescription as directed by the physician.

An on-line computer network connects each pharmacy in order that consumers eligible for a financial benefit from Saskatchewan Health only pay their share of the prescription cost. Saskatchewan Health is automatically billed for the government's share of the prescription cost.

	1997-98	1998-99	1999-2000
# of drugs covered	3,112	3,366	3,544
# of prescriptions processed	6,216,167	6,622,455	7,014,580
# or prescriptions/beneficiary	10.1	10.5	11.1
# of families receiving benefits	88,277	103,564	106,848
Averate cost per prescription	$27.34	$28.53	$29.22
Drug Plan payments	$65.2M	$76.0M	$85.4M

The Family Health Benefits program assists lower income families with the costs of raising healthy children. It is part of the Government of Saskatchewan's Building Independence initiative. The benefits covered include drugs, medical supplies and appliances, dental and optical services, and ambulance services for children under 18 years. As of March 2000, 40,092 children were eligible for these benefits, and 31,311 adults in qualifying families were eligible for partial benefits.

Saskatchewan Health's Supplementary Health program offers eligible residents access to a number of health services and products, once eligibility is determined by Saskatchewan Social Services. The program provides covered drugs at no charge for

children and $2 per prescription for adults, as well as dental, optometric, chiropractic and medical transportation services. The average monthly caseload in 1999-2000 was more than 57,300 beneficiaries.

The Saskatchewan Aids to Independent Living (SAIL) program is designed to assist those with long-term disabilities or illnesses which leave them unable to function fully. Specialized benefits may be available through the SAIL program to help them achieve more independent and active lifestyles. SAIL provides assistive devices and services to physically disabled residents such as prosthetic and orthotic appliances, special needs equipment, respiratory equipment, Saskatchewan Formulary and certain other drugs at no charge, incontinence management supplies, ostomy supplies, and aids for the visually impaired.

The SAIL home oxygen therapy program covers the cost of oxygen concentrators and portable oxygen for persons who meet professionally established criteria. People receiving palliative care may also be eligible for coverage. SAIL funded supplemental home oxygen for 2,003 beneficiaries in 1999-2000.

LABORATORY SERVICES

Saskatchewan's Provincial Laboratory provides infectious disease surveillance data and medical microbiology and chemistry testing results for health providers across the province. During 1999-2000, the Provincial Laboratory undertook the following initiatives:

- Developed microbial fingerprinting and electronic database for methicillin-resistant Staphylococcus aureus to enhance surveillance across the province. These data are used for public health and infection control in the health districts for population health and disease prevention purposes.
- Improved safe handling of diagnostic specimens by implementing the use of tote cases for transporting specimens to and from health districts. The tote management system began with five health districts and one STD clinic, with more expected to begin using this efficient system of transport soon.
- Trained three Provincial Laboratory staff to respond in case of a biological spill of infectious substances affecting humans.
- Trained health district staff, STD clinics, First Nations and hospital laboratories on transportation of dangerous goods legislation and regulation compliance and application.
- Introduced a new tuberculosis culture system which improved turnaround times for results.
- Implemented a new computer environment to prevent Year 2000 problems. This computer environment also provided the ability to make improvements to the existing Laboratory Information System. These changes directly affect the patient care, by improving turnaround time, better physician communications, and less downtime.
- Carried out the second year of a study on algae toxins with Health Canada, which included the evaluation of field test kits for the detection of microcystin-LR in raw and treated water samples.

NEW TECHNOLOGY

Saskatchewan Health's telehealth services continued to develop during the year. The installation and testing of a real-time telehealth video conferencing network connecting eight sites was completed. This network, known as the Northern Telehealth Network has sites in Saskatoon, Prince Albert, La Ronge, Pinehouse

Lake, Beauval, Ille a la Crosse, Meadow Lake and North Battleford. The network is also connected to other sites in Alberta, Manitoba, Ontario and the Northwest Territories.

July marked the launch of a one-year pilot project that is providing health care workers with access to a range of specialized services and continuing education. External consultants have been recruited to evaluate the effectiveness of the project.

Network officials provided assistance to staff from the First Nations Telehealth Research Project who are establishing a telehealth site in Southend. La Ronge, Prince Albert and Saskatoon will provide specialized consulting services and continuing education to the Southend site.

The installation and testing of a second telehealth project linking Nipawin and Cumberland House was completed at the end of March 2000.

PRIMARY HEALTH SERVICES

The Primary Health Services initiative builds on existing health district programs and services, emphasizes a co-ordinated team approach to the delivery of services, and builds stronger linkages to physicians. The sites are integrated with other district services and programs such as mental health and public health, to provide a comprehensive and co-ordinated service. The model being adopted in Saskatchewan is a collaborative one in which physicians, nurses and other health professionals work together as an interdisciplinary team. The team also includes representatives from other human service sectors such as education, social services, justice, municipal government and the community.

The sites focus on the development of proactive approaches to reaching high risk populations; screening and monitoring programs to support early detection and intervention; outreach programs, which may involve partnering with community groups and other health services.

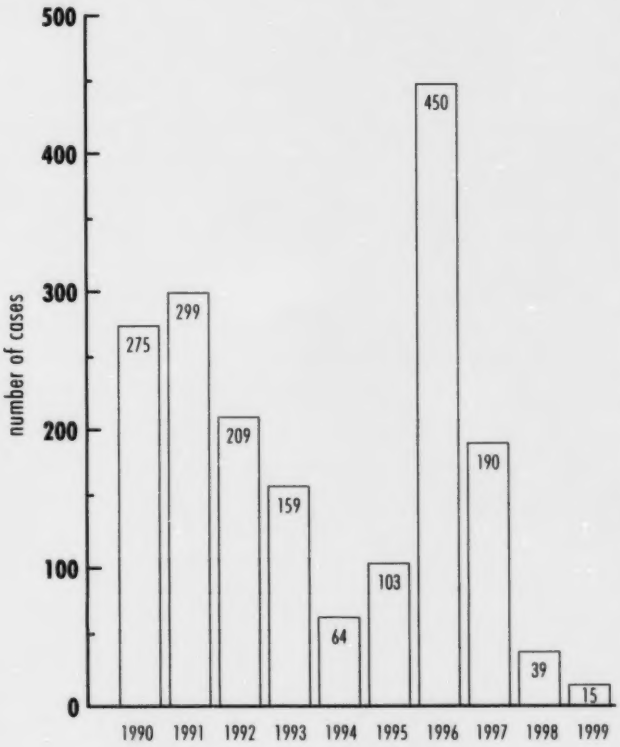
In 1999-2000, primary health service sites were established at La Ronge, Eatonia, North Battleford, Borden, and a Seniors Project in Saskatoon. Contracts were signed and initial work commenced for the development of four additional sites. Eighteen sites are now in operation or in advanced stages of planning. These sites will serve approximately 60,000 people.

COMMUNICABLE DISEASES

The control of communicable diseases is an important responsibility of Saskatchewan Health. Together with health districts, health providers and health facilities, the department monitors and assists in communicable disease control across the province.

The Hepatitis A outbreak management strategy initiated in 1996, to address the high number of acute cases, was continued in 1999-2000. The program targeted children aged one to 15 years in areas of the province at high risk for Hepatitis A infection. This program has contributed significantly to a reduction in the number of cases of Hepatitis A. There were 450 reported cases in 1996; 39 in 1998 and 15 cases in 1999.

HEPATITIS A IN SASKATCHEWAN 1990 -1999



COMMUNITY SERVICES

SASKATCHEWAN'S ACTION PLAN FOR CHILDREN

Issues affecting children, youth and families continue to be a top priority of the Government of Saskatchewan and Saskatchewan Health. The department is a partner in Saskatchewan's Action Plan for Children, a provincial strategy to improve the well-being of our province's children and young people.

During 1999-2000, Saskatchewan Health continued to provide funding and program support to a number of Saskatchewan Action Plan initiatives, including:

- A home visiting family support program for families with young children;
- An intensive early intervention school and home-based program for very aggressive kindergarten children; and
- A program to improve service co-ordination for children and youth with challenging behaviours.

Evaluations conducted on these programs have shown positive results. For example, an outcome evaluation of the *Successful Mothers Support Program* indicates that this outreach family support program is a promising approach to supporting the healthy development of young children and their families living in disadvantaged conditions.

INTERNATIONAL YEAR OF OLDER PERSONS

The International Year of Older Persons was celebrated in 1999. In the fall of 1999 the Associate Minister of Health and Saskatchewan Health assumed responsibility for seniors. In December 1999 the report from the committee on the International Year of Older Persons recommended the appointment of a Provincial Advisory Committee of Older Persons. This committee will be established in 2000 and will advise the minister on issues that are important to Saskatchewan seniors.

ACQUIRED BRAIN INJURY (ABI)

Individuals who have survived a brain injury, as well as their family members, continue to receive co-ordinated and integrated service thanks to a partnership between Saskatchewan Health and Saskatchewan Government Insurance. To date more than 1,100 survivors of brain injury and their families have received services closer to home from 32 funded projects and three outreach teams. Funded projects

include those that provide rehabilitation, residential, vocational, life enrichment, counselling and other support services.

The project emphasizes the importance of brain injury prevention. The ABI Partnership has been very active in the co-ordination of injury prevention activities across the province. A community grant program is co-managed by the ABI project and SGI's Traffic Safety Promotion. The grant program enables communities to identify and establish their own injury prevention programs.

More than 1,100 survivors of brain injury and their families have received a wide variety of support services closer to home.

A provincial conference is held each year, with this year's theme focusing on the "wrap around" approach to service delivery.

The ABI project participated at the World Congress on Brain Injury in Quebec City in June.

Problem Gambling

Saskatchewan Health continues to improve health district problem gambling services. In partnership with the Addictions Foundation of Manitoba, problem gambling training was delivered to nine additional health district counsellors. Saskatchewan Health was also actively working with other provinces on a study of adolescent gambling issues. Saskatchewan, along with Alberta and Manitoba, sponsored an adolescent "Think Tank" on problem gambling gambling prevention, education and treatment programs.

Saskatchewan Health's prevention initiatives included several new publications, including:

- A problem gambling teaching resource with video for grades 6-9 students;
- A youth activity booklet to help teachers inform young people about gambling and risk taking;
- A problem gambling Family Resource Guide to help families, friends and children better understand the impacts of problem gambling; and
- An information booklet on problem gambling and the workplace.

Saskatchewan Health continues to provide funding for the Problem Gambling Help Line, a 24-hour, seven-day-a-week 1-800 service. Callers can receive information, counselling, crisis intervention services and referrals to self-help groups and health district counsellors. In 1999-2000, 1,738 calls were placed to the Problem Gambling Help Line.

Health district problem gambling counsellors continue to provide outpatient counselling and recovery services to problem gamblers and their families. In 1999-2000, 812 clients received help from health district problem gambling counsellors.

Intensive and structured residential treatment services are available through the Walter A. "Slim" Thorpe Recovery Centre in Lloydminster. There were 24 clients approved for inpatient treatment in 1999-2000.

Alcohol and Drug Abuse

Saskatchewan Health, through its funding to health districts and community-based organizations, provides

a full range of recovery services to meet the needs of residents affected by alcohol and drug abuse. These include outpatient counselling, inpatient rehabilitation, detoxification, day patient and long-term residential programs. During 1999-2000, there were 20,293 admissions to provincially funded alcohol and drug recovery services.

Saskatchewan Health supports the use of methadone as an important treatment option for opiate dependent individuals. Methadone maintenance treatment is associated with reduced risk of contracting HIV and Hepatitis C, reduced criminal behaviour and improved physical, social and psychological well-being. As part of the harm reduction strategy aimed at improved service delivery to injection drug users, Saskatchewan Health has been working with stakeholders to enhance the methadone maintenance protocols used by Saskatchewan physicians, pharmacists, and addiction counsellors.

In 1999, the Provincial Strategy Team on HIV and blood-borne pathogens and Injection Drug Use was established. This team was assembled to provide recommendations on a provincial strategy to the Chief Medical Health Officer. The strategy is intended to outline broad-based prevention measures aimed at reducing the incidence of HIV and other bloodborne pathogens as they relate to injection drug use, its determinants and associated risk behaviours. The strategy team supports a model of harm reduction in the areas of justice, social services, public health programs and drug treatment, including methadone programming. The effective implementation of such a harm reduction model will require co-operation and collaboration between government departments and communities. The team plans to release a comprehensive document detailing this provincial strategy in 2000.

Fetal Alcohol Syndrome (FAS) is a preventable birth defect and life-long disability caused by alcohol consumption during pregnancy. Saskatchewan Health continued to be an active partner with the Saskatchewan Institute on Prevention of Handicaps, other provincial departments and agencies, and interested individuals in the development and delivery of effective FAS prevention and education programs.

Saskatchewan Health, along with the governments of Alberta and Manitoba, expanded their inter-provincial partnership to include the Northwest Territories, Nunavut and Yukon. To reflect the expanded membership the name of the initiative was changed to the Prairie Northern FAS Partnership. Established in 1998 as a three-year initiative, work continues on the development of a common strategy to address FAS prevention and support. This group has produced joint public information materials and hosted annual conferences on this issue.

Saskatchewan Health is responsible for co-ordinating health district addiction screening and rehabilitation requirements as part of the Safe Driving Program administered by SGI. In 1999-2000, health district addiction counsellors conducted 3,587 screenings on clients referred to the Safe Driving Program. Of these, 71 per cent were determined not to be chemically dependent and were referred to Driving Without Impairment (DWI) education sessions. Twenty-nine per cent were found to be chemically dependent and were referred to clinical services for addiction treatment. In addition, there were 709 admissions to outpatient services as a result of the screenings. Other clients were referred to inpatient services, the National Native Alcohol and Drug Abuse Program, and self-help groups.

Saskatchewan Health partnered with health districts to plan and host the Saskatchewan Alcohol and Drug Services Interagency Conference. This annual

conference provides an educational forum for professionals in the field of addictions. The 1999-2000 conference focussed on vicarious traumatization, parenting skills and family assessment tools.

Mental Health

The mental health program is administered by district health boards, which deliver programming in all health districts or within service areas involving multiple districts. Services are delivered based on community need and incorporate prevention, promotion, counselling, rehabilitation and support components. The mental health program consists of child and youth services, adult community services, psychiatric rehabilitation services and mental health inpatient services.

Saskatchewan Health recognizes that family violence is an issue that affects the well-being of individuals, families, communities and society. Partnerships with health districts, communities, families and other provincial government departments have been established to address the complex issue of family violence. In addition, the Saskatchewan Towards Offering Partnerships To Violence (STOPS) Committee has been created. This committee is a province-wide partnership of community-based organizations, individuals and government working to promote healthy relationships, and end violence and abuse.

The BridgePoint Center for Eating Disorders was established in 1997 as a provincial rehabilitation program for individuals and their families in recovery from eating disorders. The center was established in partnership between Midwest Health District, BridgePoint Center and Saskatchewan Health. A recent evaluation confirmed that the center is an important and valuable resource to service providers, clients and their families. Saskatchewan Health is committed to providing ongoing funding to maintain the center as a provincial resource.

Saskatchewan Health produced and distributed a fact sheet called What We Need to Know About Post-Trauma Stress. The fact sheet was distributed to treatment professionals to aid them in identifying and responding to clients with post-trauma stress.

The Schizophrenia Society Partnership Program marked its third anniversary. Saskatchewan Health funded the Schizophrenia Society to deliver a public education program that reduces the stigma around mental illness, with particular emphasis on schizophrenia.

Saskatchewan Health partners with health districts to host a mental health clinical conference each year. The focus of the 1999-2000 conference, entitled Challenging Client Populations in Mental Health, was behaviour management issues. Justice, social service and health care providers who work with challenging populations benefited from this conference.

SUPPORTIVE SERVICES – HOME CARE, SPECIAL CARE HOMES, PERSONAL CARE HOMES

In 1999-2000 Saskatchewan Health gave approval-in-principle or recommended further planning for upgrading, replacing or building additions to long-term care facilities in Assiniboia, Central Butte, Estevan, Moosomin, Preeceville, Ponteix, Regina, Rosthern, Spiritwood, Tisdale, Watrous and Yorkton. When completed, these projects will improve program delivery, building code and fire safety compliance, accessibility and space allocation. They will also help to provide safe nursing home environments, while enhancing the quality of life for residents.

Saskatchewan Health provided funding to the Regina and Battlefords health districts for two behaviour management consultants who will serve a provincial role. The consultants assist districts to address behaviour management issues. They will act as a resource and will provide training in the areas of dementia care and the management of other difficult behaviours, with an emphasis on long-term care settings. Assistance is also available to caregivers of home care clients and to staff of personal care homes.

Home Care

The objective of the home care program is to aid people who require acute, palliative and supportive care allowing them to continue living independently. This service is intended to supplement support provided by the family and community. Services include case management, nursing, therapies, personal care, respite, homemaking, meals, home maintenance and volunteer services. Admittance to the home care program is based on assessed need and the risk to the individual if support is not provided.

A Home Care Outcome Review/Self Evaluation Guide was developed and distributed to each health district. Provincial home care policy states that districts are required to conduct formal reviews of their home care programs on a regular basis. The guide will assist health districts to thoroughly evaluate their home care programs. The information gathered will be used to strengthen program services.

A home care workshop hosted by the Ministers of Health in February 2000 attracted 200 participants from across the province. The workshop included discussion on issues facing the delivery of home care services and strategies to address those issues; and reducing the barriers to implementing effective strategies. Following the workshop, a report analyzing the information gathered was prepared and will be distributed to all workshop participants.

Special Care Homes

The special care home program offers institutional long-term care and accommodation services to individuals who require more care and supervision than is available through community or home-based programs. Individuals are admitted to special care homes based on assessed need.

The long-term care system includes long-term care accommodation and respite services that provide relief for family care providers.

As of March 31, 2000 there were 8,988 residents in long-term care. Services are delivered by 158 licensed special care homes and in hospitals that have dedicated beds for long-term care clients.

Adult day programs provide support to family care providers. These programs served 1,235 clients in 1999-2000.

The Minimum Data Set (MDS) for long-term care is being implemented provincially in special care homes. MDS is a resident-centred information system that assesses residents in long-term care facilities. It will allow comparison of data within facilities, as well as health districts, the province, the country and throughout the world.

Personal Care Homes

Personal care homes are privately owned and operated facilities. They provide another option to adults who do not require the health services of a special care home, but who wish to receive personal care assistance. Personal care homes require a license to

operate and must comply with *The Personal Care Homes Act*, Regulations and Licensees' Handbook. As of March 31, 2000, there were 239 licensed personal care homes, accommodating 2,195 residents.

TOBACCO

Tobacco use, particularly among young people, continues to be a serious concern for Saskatchewan Health and its partners. During 1999-2000, the department undertook a number of initiatives to raise awareness about the health risks of smoking, and change public attitudes and behaviours about smoking and secondhand smoke.

On December 9, 1999, the Saskatchewan Legislature established a Special Committee on Tobacco Control to consider and report in the spring of 2000 on the issue of tobacco control and its impact on children and youth. The department provided the committee with a comprehensive briefing on the health impacts of tobacco use and responded to requests from the committee related to the issue of tobacco control and its impact on children and youth.

As well, Saskatchewan Health produced the resource Talk it Out - A Parent's Guide to Kids and Smoking. This guide, distributed to health districts and health agencies across Saskatchewan, provides parents with factual information about smoking as well as pointers for parents on how to discuss this important health issue with their children.

The department distributed more than 5,500 copies of the following fact sheets aimed at raising awareness about the health risks of environment tobacco smoke (ETS) and the benefits of smoke-free environments:

- Smoke-Free - It's Just Good Business,
- Smoke-Free Policy at Work, and
- Smoke-Free Restaurants and Helping Your Family Clear the Air.

POPULATION HEALTH PROMOTION

The March 1999 provincial budget provided three-year funding for population health promotion demonstration projects for the primary prevention of Type 2 Diabetes. The purposes of this initiative are to: reduce the risk conditions that contribute to the development of diabetes; create social and physical environments that enhance healthy choices; and enhance the ability of individuals, families and communities to take action to improve their health status.

The following seven demonstration sites were approved for funding:

- Northern Diabetes Prevention Coalition to Support Community Action: Mamawetan Churchill River and Keewatin Yathé health districts and Athabasca Health Authority; $166,060 over three years.
- Communities Hand in Hand: Battlefords, Twin Rivers, Northwest and Lloydminster health districts; $79,750 over three years.
- Pathways to Well-Being: Saskatoon health district; $69,205 over three years.
- The Primary Prevention of Diabetes Project : North East, North Central and Pasquia health districts; $114,700 over three years.
- Putting Prevention into Action: Assiniboine Valley, East Central and North Valley health districts; $107,000 over three years.
- Linking Community Voices in the Promotion

of Health: Regina Health District; $103,900 over three years.
- Defeat Diabetes Team: Touchwood Qu'Appelle and Pipestone health districts; $97,712 over three years.

The March 1999 provincial budget provided three-year funding for population health promotion demonstration projects for the primary prevention of Type 2 Diabetes.

The demonstration projects are using a population-based approach, which focuses on:
- Promoting healthy lifestyles for all ages, for all people within the entire community;
- Supporting small changes made by a large percentage of the population;
- Working towards a "healthy lifestyle in a healthy environment";
- Reducing risk factors for diabetes, particularly physical inactivity and obesity, across the whole population;
- Preventing low risk individuals from becoming high risk;
- Promoting lifestyle changes in the community that will also have benefits beyond reducing diabetes, in terms of heart disease, high blood pressure and other problems; and
- Creating environments that support health by making healthy choices the easier choices.

Two resources were developed to support this initiative: Population Health Promotion Practice in the Primary Prevention of Type 2 Diabetes; and an Evaluation Planning Guide.

AWARENESS, EDUCATION AND TRAINING

The theme for this year's Health Promotion Summer School, co-ordinated by the Prairie Region Health Promotion Research Centre, was From Principles to Practice. The summer school was supported by Saskatchewan Health, Health Canada, Federation of Saskatchewan Indian Nations, Saskatchewan Association of Health Organizations, several health districts and other health organizations. More than 200 participants attended the week-long event. The majority of participants were from Saskatchewan and Manitoba, followed by large contingents from both Ukraine and Mozambique.

The purpose of the summer school was to build conceptual and practical skills needed to plan and evaluate population health promotion, explore the fundamental processes of health promotion processes, and apply these fundamentals to specific health issues.

A document entitled Investing in Workplace Health Promotion: Health and Cost Benefits was produced as a resource for employers who are considering developing workplace health promotion programs, or looking for ways to enhance their existing programs. It provides examples of the health and financial benefits that can be achieved through workplace health promotion initiatives, identifies elements necessary for a healthy workplace, and outlines strategies for promoting health in the workplace.

This publication was distributed to health districts and a variety of employers, human resource and occupational and safety professionals throughout Saskatchewan.

Saskatchewan Health's resource centre continued to provide access to information for health professionals, providing them with the tools to improve the health of their communities. The resource centre received more than 3,000 requests for information and provided more than 12,000 documents in response to these requests. The resource centre also negotiated computer access to a network of health related databases which will assist in the search for current, reliable literature to support evidence-based decision-making in the health sector.

As well, during 1999-2000 Saskatchewan Health distributed more than 250 sets of videos from the workshop entitled Building Strengths in our Communities: An Integrated Case Management Approach to health districts, government departments, libraries, community organizations and groups.

HEALTH INFORMATION STANDARDS

Information is becoming an increasingly important resource across our health system. In order to ensure that information is recorded in a consistent and comparable way, Saskatchewan Health is an active participant in national standards developments through the Canadian Institute for Health Information (CIHI). Since national and international information standards must be adapted to meet local needs, the department has established the Health Information Standards Council to recommend how new health information standards are best implemented within Saskatchewan's health system.

The Health Information Standards Council (HISC) is composed of representatives of health professions, health districts, the department and other stakeholders. During 1999-2000, HISC focused on developing provincial standards for the consistent identification of persons, health care providers and facilities across the health system.

FIRST NATIONS HEALTH

The department continued to provide leadership and support to the ongoing development of the Keewatin Yathé and Mamawetan Churchill River health districts, and Athabasca Health Authority in northern Saskatchewan.

During 1999-2000 Saskatchewan Health worked with the Athabasca Health Authority and First Nations communities on the planning and development of a new health facility to serve all the residents of the Athabasca Basin. In addition, Saskatchewan Health worked with the Keewatin Yathé Health District on a minor renovation at Ile a la Crosse and the development of a new health facility in La Loche.

Work continued with the Touchwood File Hills Qu'Appelle Tribal Council on the replacement of the Fort Qu'Appelle Indian Hospital under First Nations ownership for the first time in its 60 year history.

The department addressed various other Aboriginal and Métis health issues. These included: treaty issues related to health; self-government agreements; surveillance of jurisdictional issues related to federal responsibility for First Nations health; and extensive work with the Federation of Saskatchewan Indian Nations (FSIN) and First Nations Diabetes Coalition to address the high incidence of diabetes among the First Nations population.

Creating public policy to improve health of Saskatchewan citizens

Saskatchewan Health works closely with other government departments and agencies, health districts, health providers and especially the public, to develop and implement public policy which improves the health and well-being of all Saskatchewan citizens. As well, the department works to ensure that the province's health system meets the needs of the people into the 21st century.

During 1999-2000, the department was involved in a number of public policy initiatives.

- Saskatchewan Health participated on the federal/provincial/territorial advisory committee on health human resources to assess and evaluate emerging national trends that will affect the Saskatchewan supply of health providers.

- Saskatchewan Health participates on the Provincial Integrated Renal Program Steering Committee that is made up of four nephrologists, senior administrators from the Saskatoon and Regina health districts, a senior administrator representing health districts which provide satellite dialysis and the Saskatchewan Kidney Foundation. The committee's task is to better integrate and improve services available to patients and individuals at risk of

end-stage renal disease. It advises health districts and the department on all aspects of the integrated renal program – prevention, dialysis, transplant and organ donation, and research. The treatment modalities for people with kidney failure that are addressed include conservative therapy (prevention and delay of onset), hemodialysis, peritoneal dialysis, and transplantation.

- As the development of primary health service sites is a new initiative, policy development in ongoing. This includes issues related to funding incentives; program innovations and tool design to support more effective service delivery; evolving roles for health providers; and expansion of sites.

- Guidelines are being developed for the mental health program which will define acceptable levels of practice related to mental health service in four key programs: adult community, child and youth, inpatient, and psychiatric rehabilitation.

- A major focus of Saskatchewan's Action Plan for Children continued to be healthy early childhood development. A policy framework document called, Building on Community Success: Creating a Long Term Plan for Saskatchewan's Youngest Children and Their Families, was produced and distributed to stakeholders for their review and comment. This document is being used to build consensus on a plan for early childhood development in the province.

- Public safety requirements have been strengthened with the revision of The Swimming Pool Regulations 1999, which came into force in April 1999. The regulations and supporting standards replace the previous 1981 regulations and include specific design, operation and safety requirements for whirlpools, water slides and wave pools.

- The Public Heath Appeals Regulations also came into force May 1999. These regulations allow persons to appeal decisions or orders made by public health officers.

- Saskatchewan Health, Saskatchewan Agriculture and Food, the Canadian Food Inspection Agency and the 11 health districts that are designated as local authorities for administering Saskatchewan Health's food safety regulations, signed a Memorandum of Understanding (MOU) on Food Safety in 1999-2000. The MOU will assist in further delineating inspection responsibilities related to food and food establishments.

- Saskatchewan Health co-ordinated, led and participated in various activities designed to support and build Saskatchewan's health human resources, including:
  - Providing research and policy support, and chairing the Midwifery Implementation Working Group, which is charged with developing the legislative, regulatory and policy framework for midwifery practice in Saskatchewan;
  - Providing policy support and secretariat services for the Psychologists' Transitional Council which is developing bylaws to accompany the new Psychologists Act;
  - Co-ordinating and developing legislation and bylaws for health professionals which increased accountability and flexibility in the services provided by health professionals:

bylaws for physicians, denturists and chiropractors; and drafting health professions statutes such as midwifery and licensed practical nurses.

- Saskatchewan Health continued to develop and nurture strong working relationships with the federal government and other provinces and territories to address national health issues. These issues included *Canada Health Act* reporting issues; strengthening national health surveillance mechanisms; the establishment of a new national Canadian Blood Service agency; collaboration in the area of health information system planning; health human resource planning; and a number of population health initiatives.

- Saskatchewan Health was represented on the following federal/provincial/territorial advisory committees: the Advisory Committee on Population Health, the Advisory Committee on Health Human Resources and the Advisory Committee on Health Services.

- *The Health Information Protection Act* was developed. This act provides a framework for managing personal health information collected, used or disclosed anywhere in the health system. As well, a departmental data access review committee was established to ensure disclosure and use of personal health information is consistent with policy protecting privacy of individuals.

- The department supported and provided guidance to health district returning officers in conducting district health board elections. General elections were held on October 13, 1999.

- Orientation/information sessions for individual district health boards and management staff are provided on an ongoing basis. In addition to these, an orientation session was held for all board members shortly after the district health board elections.

Financial statements

Saskatchewan Health

Comparison of actual revenue and expenditures to estimates

	1999-00 Estimates $000s	1999-00 Actuals $000s	Variance $000s*	
Revenue	11,876	12,445	569	(1)
Operating Expenditures:				
Administration	3,097	3,576	479	
Accommodation & Central Services	11,449	12,072	623	(2)
District Health Services and Support				
Acute & Rehabilitation Services	661,536	673,432	11,896	(3)
Long Term Care Services	289,679	287,057	(2,622)	(4)
Home-Based Services	75,544	77,070	1,526	(3)
Community Services	118,808	119,023	215	
Emergency Response Services	21,471	23,092	1,621	(5)
Health Facilities - Capital	37,829	45,650	7,821	(6)
District Health Board Elections	0	392	392	
Millennium Fund for Medical Equipment and Technology		50,000	50,000	0
District Programs Support	12,712	12,027	(685)	(7)
SUBTOTAL	1,267,579	1,287,743	20,164	
Provincial Health Services & Support				
Saskatchewan Cancer Agency	25,682	26,694	1,012	(3)
Canadian Blood Services	16,496	22,803	6,307	(8)
Health Organizations and Services	4,783	5,463	680	(9)
Provincial Laboratory	8,155	10,138	1,983	(10)
Provincial Community Health Services	3,895	3,893	(2)	
Health Research	4,358	5,108	750	(11)
Immunizations	3,925	4,384	459	
Saskatchewan Health Information Network	10,000	9,600	(400)	
Provincial Programs Support	9,823	8,654	(1,169)	(12)
SUBTOTAL	87,117	96,737	9,620	
Medical Services & Medical Education Programs	423,888	427,657	3,769	(13)
Drug Plan & Extended Benefits	121,929	127,951	6,022	(14)
TOTAL OPERATING EXPENDITURES	1,915,059	1,955,736	40,677	
FTE STAFF COMPLIMENT	572.4	589.3	16.9	

*See below for explanations of significant variances between 1999-00 estimates and 1999-00 actuals that are greater than 5% and greater than $500,000, and/or greater than $1,900,000 (1% of total department expenditure).

Explanations for significant variances:

(1) Federal cost share revenue for capital projects was lower than originally anticipated as a result of delays in signing agreements. This was partially offset by vaccine revenue received from health districts which was not budgeted (entirely offset by corresponding expenditure) and increased federal cost share revenue for alcohol and drug and mental health programs.

(2) Primarily the result of renovation projects (entirely offset from other program savings).

(3) Primarily the result of increased funding provided to health districts for negotiated collective bargaining settlements.

(4) Primarily the result of management of funds to help offset other departmental pressures.

(5) Primarily the result of increased funding provided to health districts for negotiated collective bargaining settlements and costs related to the nurses strike.

(6) Primarily the result of additional funding required to address debt issues in Regina Health District and management of funds to help offset other departmental pressures.

(7) Staff vacancies and operating savings.

(8) Increased contribution required for operation of national blood agency.

(9) Primarily the result of new initiative to support nursing education.

(10) Primarily the result of additional staff and operating requirements.

(11) Increased funding provided for new research initiatives (entirely offset from other program savings).

(12) Staff vacancies and delays in commencement of communication projects.

(13) Increased out-of-province hospital services required as a result of nurses strike.

(14) Increased costs and usage of the drug plan and extended benefit services.

Financial statements
District Health Board audited operating fund

	Assiniboine Valley	Battlefords	Central Plains	East Central	Gabriel Springs	Greenhead	Keewatin Yatho[1]
STATEMENT OF OPERATIONS							
Operating Revenues:							
Saskatchewan Health - General Revenue Fund	18,288,791	48,141,630	19,557,277	48,351,028	10,977,537	11,230,811	9,206,900
Long-term Resident and Respite Income	2,676,144	3,105,094	1,388,375	4,415,683	30,867	1,341,743	-
Home Based Services - Client Fees	118,385	138,864	231,118	274,884	100,425	138,001	30,662
Emergency Response Service Fees	-	-	32,650	24,503	-	210,264	11,755
CMHC Mortgage Subsidies	-	-	-	-	-	-	-
Out-of-Province/Third Party Reimbursements	199,051	1,241,683	18,799	1,835,285	80,356	112,060	8,712
Donations	-	52,679	6,273	31,970	3,447	200	-
Investment Income	38,010	244,577	117,081	4,061	58,082	83,356	9,863
Ancillary Operations	-	663,076	25,702	-	-	-	-
Other	681,931	871,299	262,572	1,549,697	64,471	416,775	199,041
Total Operating Revenue	**22,002,312**	**54,458,902**	**21,639,847**	**56,487,111**	**11,315,185**	**13,533,210**	**9,466,933**
Operating Expenses:							
Acute Services	7,569,186	18,404,320	2,018,439	23,142,054	3,596,995	4,510,543	3,378,321
Specialized Hospital Programs	-	12,925,787	-	377,286	-	-	-
Supportive Care Services	11,288,131	13,021,413	5,707,541	19,452,141	5,138,575	4,891,732	-
Grants to Affiliates:							
Acute Services	-	-	5,882,063	-	-	-	2,130,749
Supportive Care Services	-	838,913	3,689,909	-	-	913,892	-
Other	-	-	-	-	-	-	-
Home Based Services	2,172,330	1,914,476	2,284,087	3,592,468	833,410	1,383,246	855,285
Health Improvement Initiatives:							
Health, Wellness and Social Centres	-	-	326,531	-	-	-	-
Rural Health Initiatives	348,120	149,198	327,276	606,975	193,637	296,724	-
Community Care Initiatives	131,462	-	89,785	204,931	-	98,964	354,011
Emergency Response Services	605,854	397,533	508,816	586,050	191,554	536,155	169,674
Alcohol and Drug Services	53,091	488,770	130,581	264,117	44,832	50,367	916,022
Community Health Services	389,317	2,264,265	412,456	1,986,291	250,182	608,727	1,610,433
Mental Health Services	46,535	4,827,284	119,306	4,672,588	146,867	98,804	-
Rehabilitation Services	246,871	502,905	75,462	396,386	115,020	45,900	107,737
Ancillary Operations	-	-	37,431	-	-	373,912	-
Other	-	-	53,516	287,007	722,366	-	-
Total Operating Expenses	**22,850,897**	**55,734,864**	**21,663,199**	**55,568,294**	**11,233,438**	**13,808,966**	**9,522,232**
Operating Fund Excess/(Deficiency) of Revenues over Expenses:	**(848,585)**	**(1,275,962)**	**(23,352)**	**918,817**	**81,747**	**(275,756)**	**(55,299)**
Operating Fund Balance - Beginning of the year	44,891	1,491,550	1,259,269	(16,029,178)	568,584	(86,253)	262,854
Interfund Transfers	(503,471)	10,723	(21,686)	(382,630)	7,124	(187,088)	-
Equity Adjustments	-	-	-	-	-	-	-
Total Adjustments to Equity	(503,471)	10,723	(21,686)	(382,630)	7,124	(187,088)	-
Operating Fund Balance - End of Year	(1,307,165)	226,311	1,214,231	(15,492,991)	657,455	(549,097)	207,555
STATEMENT OF FINANCIAL POSITION							
Operating Assets:							
Cash and Short-term Investments	570,229	4,054,484	2,552,581	6,601	218,950	378,013	1,076,709
Accounts Receivable:							
Saskatchewan Health	7,051	75,000	62,513	79,700	-	-	121,363
Other	389,626	1,845,072	439,894	1,221,586	191,725	303,434	272,390
Inventory	581,412	700,925	181,283	739,875	114,208	242,884	41,532
Prepaid Expenses	174,785	332,965	109,478	277,993	4,839	-	-
Investments	-	-	-	-	898,748	-	200,000
Restricted Assets	-	523,430	-	-	-	-	-
Other	-	-	233,846	-	-	-	-
Total Operating Assets	**1,723,103**	**7,531,876**	**3,579,595**	**2,325,755**	**1,428,470**	**924,331**	**1,711,994**
Liabilities and Operating Fund Balance:							
Accounts Payable	932,477	2,014,320	363,790	436,235	274,128	361,078	712,841
Bank Indebtedness	-	-	-	12,861,075	-	-	-
Accrued Liabilities	1,900,132	4,304,624	1,066,485	4,394,646	403,027	971,949	412,637
Deferred Revenue	197,659	986,621	935,089	126,790	93,860	140,401	378,961
Total Liabilities	**3,030,268**	**7,305,565**	**2,365,364**	**17,818,746**	**771,015**	**1,473,428**	**1,504,439**
Externally Restricted	-	-	-	-	-	-	-
Internally Restricted	-	-	-	-	81,747	-	-
Unrestricted	(1,307,165)	226,311	1,214,231	(15,492,991)	575,708	(549,097)	207,555
Operating Fund Balance	**(1,307,165)**	**226,311**	**1,214,231**	**(15,492,991)**	**657,455**	**(549,097)**	**207,555**
Total Liabilities and Operating Fund Balance	**1,723,103**	**7,531,876**	**3,579,595**	**2,325,755**	**1,428,470**	**924,331**	**1,711,994**

District Health Board audited operating fund

	Living Sky	Lloydminster	Mamawetan Churchill River	Midwest	Moose Jaw - Thunder Creek	Moose Mountain	North Central
STATEMENT OF OPERATIONS							
Operating Revenues:							
Saskatchewan Health - General Revenue Fund	11,700,628	8,063,543	11,532,765	17,468,238	50,832,625	11,652,381	16,320,126
Long-term Resident and Respite Income	2,028,588	1,666,918	148,294	2,560,296	1,289,480	1,358,279	1,690,094
Home Based Services - Client Fees	185,028	67,874	37,092	217,825	389,847	165,851	149,293
Emergency Response Service Fees	62,352	95,808	-	205,437	65,747	188,242	-
CMHC Mortgage Subsidies	30,763	64,084	-	183,110	77,932	-	58,800
Out-of-Province/Third Party Reimbursements	102,210	402,969	61,555	85,438	594,534	255,507	120,885
Donations	-	260,077	-	-	185,839	21,451	-
Investment Income	1,947	321,316	31,513	204,694	312,081	148,884	207,260
Ancillary Operations	32,100	-	249,612	-	164,148	-	59,662
Other	438,834	9,219,812	194,724	861,829	1,074,750	299,429	505,009
Total Operating Revenue	**14,582,450**	**20,162,401**	**12,255,555**	**21,786,867**	**54,986,983**	**14,090,024**	**19,111,129**
Operating Expenses:							
Acute Services	4,747,639	9,883,973	4,459,189	4,981,067	23,119,082	5,620,731	6,854,839
Specialized Hospital Programs	-	-	-	-	125,837	-	-
Supportive Care Services	7,247,591	7,318,665	-	11,117,600	6,334,585	6,403,517	7,725,927
Grants to Affiliates:							
Acute Services	-	-	-	-	-	-	-
Supportive Care Services	-	-	-	-	9,955,679	-	-
Other	-	-	-	-	1,534,568	-	-
Home Based Services	2,098,643	1,062,693	933,497	2,380,851	4,239,215	1,743,683	1,402,242
Health Improvement Initiatives:							
Health, Wellness and Social Centres	171,536	71,754	-	662,815	80,101	76,566	-
Rural Health Initiatives	192,968	234,274	-	413,594	956,516	278,472	243,388
Community Care Initiatives	-	47,248	24,820	56,675	267,000	101,744	60,381
Emergency Response Services	478,629	235,534	432,460	643,251	790,560	363,174	195,782
Alcohol and Drug Services	39,453	397,399	1,049,407	-	228,450	114,013	182,064
Community Health Services	296,470	619,731	3,088,125	2,160,144	2,082,999	338,834	1,462,094
Mental Health Services	71,979	815,335	462,463	-	3,321,429	232,752	313,211
Rehabilitation Services	170,295	667,317	219,806	-	453,187	127,626	306,072
Ancillary Operations	30,762	-	-	-	105,822	-	-
Other	-	-	2,180,498	247,130	-	-	139,723
Total Operating Expenses	**15,545,965**	**21,353,923**	**12,850,265**	**22,663,127**	**53,595,030**	**15,401,112**	**18,885,723**
Operating Fund Excess/(Deficiency) of Revenues over Expenses	**(963,515)**	**(1,191,522)**	**(594,710)**	**(876,260)**	**1,391,953**	**(1,311,088)**	**225,406**
Operating Fund Balance - Beginning of the year	(1,231,838)	4,757,366	13,191	2,481,827	1,884,178	2,689,919	2,861,400
Interfund Transfers	(36,330)	82,561	-	(335,064)	(1,390,000)	(136,419)	(342,008)
Equity Adjustments	-	-	-	-	-	-	-
Total Adjustments to Equity	(36,330)	82,561	-	(335,064)	(1,390,000)	(136,419)	(342,008)
Operating Fund Balance - End of Year	(2,231,683)	3,648,405	(581,519)	1,270,503	1,886,131	1,242,412	2,744,798
STATEMENT OF FINANCIAL POSITION							
Operating Assets:							
Cash and Short-term Investments	200,794	1,739,230	334,520	3,769,804	5,585,177	2,199,053	1,695,976
Accounts Receivable:							
Saskatchewan Health	-	-	69,223	50,000	-	-	-
Other	242,615	699,667	32,171	501,668	479,414	439,071	350,254
Inventory	457,421	509,597	106,744	416,295	563,267	227,253	228,926
Prepaid Expenses	76,422	218,749	35,555	64,279	476,019	100,180	154,064
Investments	32,248	3,342,168	-	-	55,500	-	1,823,685
Restricted Assets	-	-	-	-	-	-	-
Other	-	-	-	-	-	-	65,755
Total Operating Assets	**1,009,500**	**6,509,411**	**578,213**	**4,802,046**	**7,159,377**	**2,965,557**	**4,318,660**
Liabilities and Operating Fund Balance:							
Accounts Payable	1,047,176	1,063,083	402,048	973,025	1,271,952	671,723	176,358
Bank Indebtedness	1,085,403	-	-	-	-	-	-
Accrued Liabilities	1,103,067	1,660,940	565,696	1,525,456	2,856,535	981,633	1,359,700
Deferred Revenue	5,537	136,983	191,988	1,033,062	1,144,759	69,789	37,804
Total Liabilities	**3,241,183**	**2,861,006**	**1,159,732**	**3,531,543**	**5,273,246**	**1,723,145**	**1,573,862**
Externally Restricted	-	-	-	-	-	-	-
Internally Restricted	-	92,644	-	-	710,728	970,335	-
Unrestricted	(2,231,683)	3,555,761	(581,519)	1,270,503	1,175,403	272,077	2,744,798
Operating Fund Balance	**(2,231,683)**	**3,648,405**	**(581,519)**	**1,270,503**	**1,886,131**	**1,242,412**	**2,744,798**
Total Liabilities and Operating Fund Balance	**1,009,500**	**6,509,411**	**578,213**	**4,802,046**	**7,159,377**	**2,965,557**	**4,318,660**

Financial statements
District Health Board audited operating fund

	North-East	North Valley	Northwest	Parkland	Pasquia	Pipestone	Prairie West
STATEMENT OF OPERATIONS							
Operating Revenues:							
Saskatchewan Health - General Revenue Fund	15,228,171	15,454,172	9,766,892	15,026,537	17,206,867	19,640,575	12,543,751
Long-term Resident and Respite Income	1,737,788	2,468,796	1,094,014	1,981,015	1,879,862	3,267,964	1,682,676
Home Based Services - Client Fees	156,448	147,298	60,888	127,760	170,848	237,250	162,354
Emergency Response Service Fees	-	40,179	402,659	-	115,600	197,886	220,982
CMHC Mortgage Subsidies	-	-	78,769	400,859	173,987	118,568	51,948
Out-of-Province/Third Party Reimbursements	125,398	177,197	124,464	175,836	163,334	905,140	126,514
Donations	17,360	33,317	13,599	-	-	-	-
Investment Income	95,096	50,012	157,627	32,409	115,644	86,277	85,294
Ancillary Operations	367,980	85,593	-	-	25,843	-	54,329
Other	-	502,397	307,586	217,558	134,523	221,249	388,865
Total Operating Revenue	**17,728,241**	**18,958,961**	**12,006,498**	**17,961,974**	**19,986,508**	**24,674,909**	**15,316,713**
Operating Expenses:							
Acute Services	6,546,443	6,745,771	5,094,074	5,219,640	7,789,992	7,092,554	3,663,862
Specialized Hospital Programs	-	-	-	-	296,085	-	-
Supportive Care Services	7,492,236	9,688,696	3,908,604	10,028,032	7,553,018	13,082,366	6,933,350
Grants to Affiliates:							
Acute Services	-	-	-	-	-	-	-
Supportive Care Services	-	-	-	-	-	-	-
Other	-	-	-	-	-	-	-
Home Based Services	1,478,251	1,605,794	788,878	2,403,259	1,705,047	2,137,096	1,437,095
Health Improvement Initiatives:							
Health, Wellness and Social Centres	276,504	236,857	111,059	-	391,122	652,524	749,491
Rural Health Initiatives	73,732	399,613	169,613	264,484	279,689	453,733	98,183
Community Care Initiatives	302,433	43,651	65,720	102,984	51,730	-	83,906
Emergency Response Services	249,159	359,471	673,272	409,355	541,461	546,869	665,895
Alcohol and Drug Services	-	114,341	214,634	-	53,678	832,976	135,472
Community Health Services	316,097	320,272	348,824	653,252	512,940	329,068	598,345
Mental Health Services	222,447	56,407	241,945	-	172,037	314,939	304,689
Rehabilitation Services	95,702	352,389	155,885	-	142,386	164,026	102,005
Ancillary Operations	-	-	-	-	-	-	37,242
Other	943,416	-	-	-	-	-	-
Total Operating Expenses	**17,996,420**	**19,923,262**	**11,772,508**	**19,081,006**	**19,489,185**	**25,606,151**	**14,809,535**
Operating Fund Excess/(Deficiency) of Revenues over Expenses	**(268,179)**	**(964,301)**	**233,990**	**(1,119,032)**	**497,323**	**(931,242)**	**507,178**
Operating Fund Balance - Beginning of the year	995,156	(1,211,182)	2,475,808	(108,298)	1,257,164	308,874	900,463
Interfund Transfers	(162,876)	(127,565)	(480,000)	(215,195)	(319,431)	(272,983)	(448,951)
Equity Adjustments	-	-	-	-	-	-	-
Total Adjustments to Equity	(162,876)	(127,565)	(480,000)	(215,195)	(319,431)	(272,983)	(448,951)
Operating Fund Balance - End of Year	564,101	(2,303,048)	2,229,798	(1,442,525)	1,435,056	(895,351)	958,690
STATEMENT OF FINANCIAL POSITION							
Operating Assets:							
Cash and Short-term Investments	1,248,757	840,581	1,476,406	113,006	2,765,040	927,901	1,628,262
Accounts Receivable:							
Saskatchewan Health	-	-	-	-	-	8,931	52,855
Other	165,964	400,877	260,244	350,288	201,260	806,088	426,075
Inventory	306,234	338,464	195,802	155,532	502,784	378,712	296,624
Prepaid Expenses	227,597	179,616	59,360	74,430	172,002	149,281	82,895
Investments	50,000	-	1,753,319	-	-	21,300	880,418
Restricted Assets	-	-	-	-	-	-	-
Other	11,577	-	-	-	-	-	-
Total Operating Assets	**2,010,129**	**1,759,538**	**3,745,131**	**693,256**	**3,641,086**	**2,292,213**	**3,367,129**
Liabilities and Operating Fund Balance:							
Accounts Payable	82,167	532,314	378,157	908,759	643,180	854,519	541,728
Bank Indebtedness	-	1,142,230	-	-	-	-	-
Accrued Liabilities	1,252,310	1,963,178	1,046,679	1,194,883	1,285,363	2,074,453	1,444,445
Deferred Revenue	111,551	424,864	90,497	32,139	277,487	258,592	422,266
Total Liabilities	**1,446,028**	**4,062,586**	**1,515,333**	**2,135,781**	**2,206,030**	**3,187,564**	**2,408,439**
Externally Restricted	-	-	-	-	-	-	-
Internally Restricted	-	584,463	-	-	-	-	-
Unrestricted	564,101	(2,887,511)	2,229,798	(1,442,525)	1,435,056	(895,351)	958,690
Operating Fund Balance	**564,101**	**(2,303,048)**	**2,229,798**	**(1,442,525)**	**1,435,056**	**(895,351)**	**958,690**
Total Liabilities and Operating Fund Balance	**2,010,129**	**1,759,538**	**3,745,131**	**693,256**	**3,641,086**	**2,292,213**	**3,367,129**

District Health Board audited operating fund

	Prince Albert	Regina[2]	Rolling Hills	Saskatoon	South Central	South Country	South East
STATEMENT OF OPERATIONS							
Operating Revenues:							
Saskatchewan Health - General Revenue Fund	59,696,711	302,645,000	8,790,656	318,392,000	30,040,871	11,193,815	19,981,663
Long-term Resident and Respite Income	2,938,104	2,262,000	742,893	-	3,400,121	1,418,195	2,379,150
Home Based Services - Client Fees	184,735	752,000	103,111	-	176,696	118,669	195,095
Emergency Response Service Fees	-	1,640,000	29,347	-	336,655	-	521,174
CMHC Mortgage Subsidies	-	-	28,335	-	-	-	147,521
Out-of-Province/Third Party Reimbursements	472,500	12,137,000	36,847	10,881,000	102,279	238,338	56,678
Donations	10,251	672,000	-	-	4,563	1,010	-
Investment Income	132,791	232,000	64,491	-	308,110	18,423	59,002
Ancillary Operations	852,850	2,071,000	11,644	-	-	21,222	360,516
Other	2,140,332	8,081,000	87,904	8,827,000	851,501	20,064	236,825
Total Operating Revenue	**66,428,274**	**330,492,000**	**9,895,228**	**338,100,000**	**35,220,796**	**13,029,736**	**23,937,624**
Operating Expenses:							
Acute Services	31,377,940	215,093,000	1,236,261	244,738,000	7,021,574	2,362,589	-
Specialized Hospital Programs	737,022	13,246,000	-	-	-	-	-
Supportive Care Services	10,504,393	19,777,000	3,790,090	46,945,000	16,271,113	4,985,451	9,885,630
Grants to Affiliates:							
Acute Services	-	-	-	-	-	1,159,452	6,461,367
Supportive Care Services	4,237,892	37,364,000	1,987,687	-	1,570,681	1,273,548	1,833,697
Other	-	-	-	-	204,902	33,000	362,047
Home Based Services	4,133,688	13,144,000	1,026,945	18,021,000	1,888,203	1,130,625	2,011,062
Health Improvement Initiatives:							
Health, Wellness and Social Centres	4,500,257	249,000	959,453	404,000	855,445	321,870	333,987
Rural Health Initiatives	803,349	1,836,000	260,825	-	534,713	400,128	527,351
Community Care Initiatives	621,332	572,000	48,281	260,000	177,152	60,561	-
Emergency Response Services	590,317	3,839,000	254,437	1,400,000	839,826	308,771	870,334
Alcohol and Drug Services	533,903	1,995,000	76,610	3,332,000	114,908	58,940	-
Community Health Services	3,377,444	11,734,000	230,698	9,554,000	1,661,734	478,639	481,789
Mental Health Services	4,983,097	14,232,000	113,951	12,176,000	3,534,866	113,438	609,794
Rehabilitation Services	-	24,996,000	94,978	12,974,000	348,338	62,632	231,387
Ancillary Operations	555,564	577,000	47,775	-	-	-	-
Other	-	515,000	-	-	-	-	-
Total Operating Expenses	**66,956,198**	**359,169,000**	**10,127,991**	**349,804,000**	**35,023,455**	**12,749,644**	**23,608,445**
Operating Fund Excess/(Deficiency) of Revenues over Expenses	**(527,924)**	**(28,677,000)**	**(232,763)**	**(11,704,000)**	**197,341**	**280,092**	**329,179**
Operating Fund Balance - Beginning of the year	(2,215,894)	(12,771,000)	1,128,751	(784,000)	3,167,607	(293,740)	(369,664)
Interfund Transfers	(28,358)	-	(25,475)	-	(503,538)	(219,449)	(156,111)
Equity Adjustments	-	-	-	-	-	-	-
Total Adjustments to Equity	(28,358)	-	(25,475)	-	(503,538)	(219,449)	(156,111)
Operating Fund Balance - End of Year	(2,772,176)	(41,448,000)	870,513	(12,488,000)	2,861,410	(233,097)	(196,596)
STATEMENT OF FINANCIAL POSITION							
Operating Assets:							
Cash and Short-term Investments	2,271,544	184,000	876,013	3,169,000	613,877	254,009	978,956
Accounts Receivable:							
Saskatchewan Health	330,000	274,000	19,581	1,127,000	-	1,721	50,000
Other	1,252,279	5,326,000	91,366	18,342,000	438,190	559,109	126,601
Inventory	571,256	3,741,000	226,058	6,524,000	650,406	164,645	69,797
Prepaid Expenses	893,192	2,132,000	59,985	1,082,000	245,470	33,522	18,714
Investments	-	2,612,000	397,153	-	4,229,638	-	231,591
Restricted Assets	-	-	-	-	528,916	-	-
Other	-	10,301,000	-	-	-	-	-
Total Operating Assets	**5,318,271**	**24,570,000**	**1,670,156**	**30,244,000**	**6,706,497**	**1,013,006**	**1,475,659**
Liabilities and Operating Fund Balance:							
Accounts Payable	3,292,167	17,218,000	310,511	18,763,000	1,306,445	539,826	607,365
Bank Indebtedness	-	21,523,000	-	-	-	-	-
Accrued Liabilities	4,096,834	24,135,000	489,132	22,347,000	2,109,592	706,277	1,001,466
Deferred Revenue	701,446	3,142,000	-	1,622,000	429,050	-	63,424
Total Liabilities	**8,090,447**	**66,018,000**	**799,643**	**42,732,000**	**3,845,087**	**1,246,103**	**1,672,255**
Externally Restricted	-	-	-	-	493,418	-	-
Internally Restricted	-	-	422,386	-	35,498	-	-
Unrestricted	(2,772,176)	(41,448,000)	448,127	(12,488,000)	2,332,494	(233,097)	(196,596)
Operating Fund Balance	**(2,772,176)**	**(41,448,000)**	**870,513**	**(12,488,000)**	**2,861,410**	**(233,097)**	**(196,596)**
Total Liabilities and Operating Fund Balance	**5,318,271**	**24,570,000**	**1,670,156**	**30,244,000**	**6,706,497**	**1,013,006**	**1,475,659**

Financial statements
District Health Board audited operating fund

	Southwest	Swift Current	Touchwood Gr'Appelle	Twin Rivers	Grand Total
STATEMENT OF OPERATIONS					
Operating Revenues:					
Saskatchewan Health - General Revenue Fund	11,663,273	29,100,533	10,476,157	9,108,652	1,209,280,576
Long-term Resident and Respite Income	1,657,912	2,322,825	1,379,470	1,081,775	57,394,415
Home Based Services - Client Fees	148,533	133,598	114,609	128,943	5,363,984
Emergency Response Service Fees	207,163	-	-	180,925	4,789,328
CMHC Mortgage Subsidies	-	-	-	41,161	1,455,837
Out-of-Province/Third Party Reimbursements	252,340	311,710	63,651	106,014	31,575,284
Donations	19,653	48,295	-	9,329	1,391,313
Investment Income	149,653	113,599	120,659	30,998	3,634,810
Ancillary Operations	116,065	192,158	-	-	5,353,500
Other	259,496	716,693	211,944	198,373	40,043,483
Total Operating Revenue	**14,474,088**	**32,939,411**	**12,366,490**	**10,886,170**	**1,360,282,530**
Operating Expenses:					
Acute Services	4,689,009	15,258,411	2,454,593	3,349,560	692,019,651
Specialized Hospital Program	-	57,276	-	-	27,765,293
Supportive Care Services	6,885,017	9,846,930	5,658,089	4,862,750	303,745,183
Grants to Affiliates:					
Acute Services	-	-	1,561,041	-	17,194,672
Supportive Care Services	-	-	275,478	-	63,941,376
Other	32,800	-	-	-	2,167,317
Home Based Services	1,764,037	2,055,703	1,214,157	1,097,154	85,938,120
Health Improvement Initiatives:					
Health, Wellness and Social Centres	565,230	-	26,200	738,321	12,760,623
Rural Health Initiatives	120,160	220,381	438,294	221,189	11,342,579
Community Care Initiatives	20,180	108,646	81,308	104,273	4,141,178
Emergency Response Services	589,109	273,595	330,758	453,140	19,329,795
Alcohol and Drug Services	63,750	208,473	65,431	52,985	11,811,667
Community Health Services	329,948	1,694,199	144,573	140,112	50,476,002
Mental Health Services	65,911	2,358,027	51,331	64,735	54,744,167
Rehabilitation Services	66,181	60,479	72,495	8,203	43,361,670
Ancillary Operations	70,488	140,714	-	-	1,976,710
Other	-	-	-	-	5,088,656
Total Operating Expenses	**15,261,820**	**32,282,834**	**12,373,748**	**11,092,422**	**1,407,804,659**
Operating Fund Excess/(Deficiency) of Revenues over Expenses	**(787,732)**	**656,577**	**(7,258)**	**(206,252)**	**(47,522,129)**
Operating Fund Balance - Beginning of the year	2,256,985	(399,209)	1,450,260	(470,697)	(3,714,856)
Interfund Transfers	(821,824)	(925,826)	(553,338)	(113,501)	(8,608,709)
Equity Adjustments	-	-	-	-	-
Total Adjustments to Equity	(821,824)	(925,826)	(553,338)	(113,501)	(8,608,709)
Operating Fund Balance - End of Year	647,429	(668,458)	889,664	(790,450)	(59,845,694)
STATEMENT OF FINANCIAL POSITION					
Operating Assets:					
Cash and Short-term Investments	1,863,389	488,706	2,003,213	-	46,084,781
Accounts Receivable:					
Saskatchewan Health	-	-	-	-	2,328,938
Other	283,063	841,935	630,552	171,767	38,082,245
Inventory	436,243	460,358	182,952	313,313	20,625,802
Prepaid Expenses	51,696	23,775	4,258	10,580	7,525,701
Investments	300,000	1,174,798	-	176,168	18,178,734
Restricted Assets	-	-	-	-	1,052,346
Other	-	167,449	-	-	10,779,627
Total Operating Assets	**2,934,391**	**3,157,021**	**2,820,975**	**671,828**	**144,658,174**
Liabilities and Operating Fund Balance:					
Accounts Payable	842,987	1,363,782	-	269,621	59,154,762
Bank Indebtedness	-	-	-	215,087	36,826,795
Accrued Liabilities	1,148,714	2,212,400	1,693,780	753,248	94,461,281
Deferred Revenue	295,261	249,297	237,531	224,322	14,061,030
Total Liabilities	**2,286,962**	**3,825,479**	**1,931,311**	**1,462,278**	**204,503,868**
Externally Restricted	29,124	-	-	-	522,542
Internally Restricted	58,123	22,926	59,093	-	3,037,943
Unrestricted	560,182	(691,384)	830,571	(790,450)	(63,406,179)
Operating Fund Balance	**647,429**	**(668,458)**	**889,664**	**(790,450)**	**(59,845,694)**
Total Liabilities and Operating Fund Balance	**2,934,391**	**3,157,021**	**2,820,975**	**671,828**	**144,658,174**

Note: Certain figures have been reclassified to conform to this format.

Note: Individual District Health Boards' audited financial statements are available from the Health District.

1. Keewatin Yatho's Final Financial Statements have not yet been received by the Department, therefore draft financial statement information has been used.
2. Regina does not present their Statement of Financial Position in this format; therefore, these detailed numbers are considered unaudited.

Appendix I: Summary of Saskatchewan Health legislation

THE AMBULANCE ACT

- Regulates emergency medical technologists/paramedics and funding of ambulance boards.

THE CANCER FOUNDATION ACT

- Sets out funding relationship between Saskatchewan Health and the Saskatchewan Cancer Foundation and its responsibility to provide cancer related services.

THE CHANGE OF NAME ACT, 1995

- Administers the registration of legal name changes for residents of Saskatchewan.

THE CHIROPODY PROFESSION ACT

- Regulates the profession of chiropody/podiatry.

THE CHIROPRACTIC ACT, 1994

- Regulates the chiropractic profession.

THE DENTAL CARE ACT

- Governed the department's former dental program and currently allows for the subsidy program for children receiving dental care.

Summary of Saskatchewan Health legislation

The Dental Disciplines Act

- Omnibus statute regulates the six dental professions of dentistry, dental hygiene, dental therapists, dental assistants, denturists and dental technicians.

The Department of Health Act

- Provides the legal authority for the Minister of Health to make expenditures, undertake research, create committees, operate laboratories and conduct other activities for the benefit of the health system.

The Emergency Medical Aid Act

- Provides protection from liability for physicians, nurses and others when they are providing emergency care.

The Health Districts Act

- Allows for the establishment and funding of health districts to provide health services.

The Health Facilities Licensing Act

- Governs the establishment and regulation of health facilities such as non-hospital surgical clinics

The Health Information Protection Act

- Protects personal health information in the health system in Saskatchewan.
- Establishes a common set of rules that emphasize the protection of privacy, while ensuring that information is available to provide efficient health services.

The Health Services Utilization and Research Commission Act

- Allows for the establishment, management and funding of this research body.

The Hearing Aid Act

- Governs the provinces hearing aid and audiology program.

The Home Care Act

- Regulates the funding and provision of home care services in the province.

The Hospital Standards Act

- Regulates the standards for services delivered in hospitals.

The Housing and Special-care Homes Act

- Regulates the establishment, licensing and funding of special-care homes (long term care facilities) in the province.

The Human Tissue Gift Act

- Regulates organ donations in the province.

The Licensed Practical Nurses Act

- Regulates licensed practical nurses in the province.

The Medical and Hospitalization Tax Repeal Act

- Ensures premiums cannot be levied under The Saskatchewan Hospitalization Act or The Saskatchewan Medical Care Insurance Act.

The Medical Laboratory Licensing Act

- Governs who can operate a medical laboratory and the services that can be provided by them.

The Medical Laboratory Technologists Act

- Regulates the profession of medical laboratory technology.

The Medical Profession Act

- Regulates medical physicians.

The Medical Radiation Technologists Act
- Regulates medical radiation technologists.

The Mental Health Services Act
- Regulates the provision of mental health services in the province and the protection of mentally disabled people.

The Midwifery Act
- Regulates midwives.

The Mutual Medical and Hospital Benefit Associations Act
- Sets out the authority for community clinics to operate in Saskatchewan.

The Naturopathy Act
- Regulates naturopathic physicians.

The Occupational Therapists Act, 1997
- Regulates occupational therapists.

The Ophthalmic Dispensers Act
- Regulates opticians.

The Optometry Act
- Regulates optometrists.

The Osteopathic Practice Act
- Regulates osteopathic physicians.

The Personal Care Homes Act
- Regulates the establishment, size and standards of services of personal care homes.

The Pharmacy Act, 1996
- Regulates pharmacists and pharmacies.

The Physical Therapists Act, 1998
- Regulates physical therapists.

The Prescription Drugs Act
- Provides authority for the provincial drug plan.

The Professional Dietitians Act
- Regulates dietitians.

The Psychologists Act, 1997
- Regulates psychologists.

The Public Health Act
- Some sections of the old Act remain in force in order that governing boards of some facilities continue to operate.

The Public Health Act, 1994
- Provides authority for the establishment of public health standards, such as public health inspection of food services.

The Registered Nurses Act,1988
- Regulates registered nurses.

The Registered Psychiatric Nurses Act
- Regulates registered psychiatric nurses.

The Registered Psychologists Act
- Regulates psychologists.

The Saskatchewan Hospitalization Act
- Provides for the payment of hospital services and taxes.

The Saskatchewan Medical Care Insurance Act
- Sets out authority for the province's medical care insurance program and payments to physicians.

THE SPEECH-LANGUAGE PATHOLOGISTS AND AUDIOLOGISTS ACT

- Regulates speech-language pathologists and audiologists.

THE VITAL STATISTICS ACT, 1995

- Administers the registration of births, deaths, marriages, adoptions and divorces in the Province of Saskatchewan.

THE WHITE CANE ACT

- Sets out the province's responsibilities with respect to services for the visually impaired.

Appendix II: Legislative and regulatory amendments in 1999-2000

A number of legislative and regulatory amendments were passed in 1999-2000.

LEGISLATION

THE HEALTH DISTRICTS AMENDMENT ACT, 2000

- A new provision was added which legally recognized the Northern District Health Boards

THE VITAL STATISTICS AMENDMENT ACT, 2000

- The definition of "stillbirth" was changed to make it consistent with other jurisdictions to allow for provincial comparisons.

THE MEDICAL PROFESSION AMENDMENT ACT, 2000

- Amendments were made to allow physicians to incorporate and to add more public representatives to the College of Physicians and Surgeons.

THE LICENSED PRACTICAL NURSES' ACT, 2000

- Removed the provision in the Act which stated that licensed practical nurses work "under the direction of" registered nurses. This new Act also added one more public representative to the Council.

Legislative and regulatory amendments in 1999-2000

THE DEPARTMENT OF HEALTH AMENDMENT ACT, 2000

- Amendments to allow for more efficient billing practices between provinces regarding out of province service provision.

REGULATIONS

PRESCRIPTION DRUGS AMENDMENT REGULATIONS, 2000

- Ensured that persons receiving assistance related to the Hepititis C Settlement did not lose any prescription drug benefits as a result of the settlement.

SASKATCHEWAN ASSISTANCE PLAN SUPPLEMENTARY HEALTH AMENDMENT REGULATIONS, 2000

- Ensured that persons receiving assistance related to the Hepititis C Settlement did not lose any supplementary health benefits.

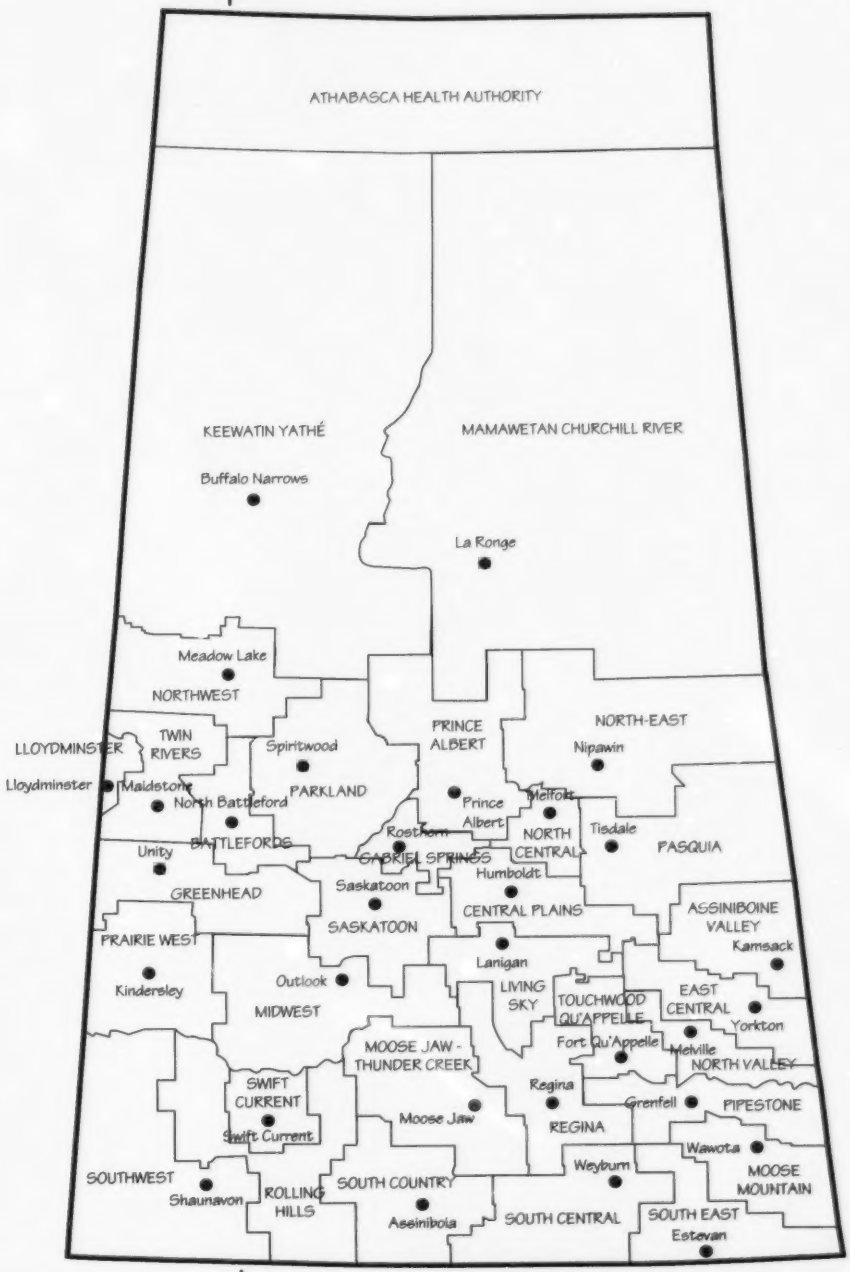
THE HOSPITAL STANDARDS AMENDMENT REGULATIONS, 2000

- Amendments to these regulations allowed for outdated provisions to be repealed. These regulations also removed the stipulation that a first assist to surgery be only a resident physician.

THE PHYSICIAN PAYMENT AMENDMENT REGULATIONS, 1999

- Amended the pay schedule for physician services per the agreement between the government and provincial physicians.

Appendix III: Health districts map



Appendix IV:
Hospital beds staffed and in operation, March 31, 2000[1]

District	Community	Hospital	Acute Care Beds[2]	Psychiatric Beds	Other Beds (Rehab/ LTC/ Other)[3]	All beds	Newborn Bassinets
South East	Estevan	St.Joseph's Hospital	53	0	0	53	10
South Central	Weyburn	Weyburn General Hospital	50	0	0	50	7
South Country	Assiniboia	Assiniboia Union Hospital	17	0	0	17	2
	Gravelbourg	St.Joseph's Hospital	9	0	0	9	1
Rolling Hills	Herbert	Herbert-Morse Hospital	17	0	0	17	0
Southwest	Shaunavon	Shaunavon Hospital	19	0	3	22	3
	Leader	Leader Hospital	22	0	1	23	2
	Maple Creek	Maple Creek Hospital	18	0	0	18	3
Moose Mountain	Kipling	Kipling Memorial Health Centre	14	0	0	14	1
	Arcola	Arcola Health Centre	12	0	0	12	1
	Redvers	Redvers Health Centre	11	0	0	11	1
	Wawota	Wawota Memorial Health Centre	4	0	2	6	0
Pipestone	Moosomin	Moosomin Union Hospital	32	0	1	33	0
	Wolseley	Wolseley Memorial Union Hospital	17	0	1	18	0
	Indian Head	Indian Head Union Hospital	17	0	1	18	0
	Broadview	Broadview Union Hospital	15	0	1	16	0
Regina	Regina	Regina (Pasqua and Regina General)	608	50	0	658	84
Moose Jaw/ Thunder Creek	Moose Jaw	Moose Jaw Union Hospital	89	20	0	109	14
	Central Butte	Central Butte Union Hospital	10	0	0	10	0
Swift Current	Swift Current	Swift Current Regional Hospital	101	10	0	111	13
North Valley	Melville	St.Peter's Hospital	44	0	0	44	2
	Esterhazy	St. Anthony's Hospital	18	0	0	18	0
Touchwood Qu'Appelle	Fort Qu'Appelle	Fort Qu'Appelle Indian Hospital	12	0	6	18	0
	Balcarres	Balcarres Union Hospital.	9	0	0	9	0
	Lestock	St.Joseph's Integrated Health Centre	9	0	7	16	0
East Central	Yorkton	Yorkton Regional Health Centre	108	0	0	108	10
	Foam Lake	Foam Lake Health Centre	4	0	11	15	0
Living Sky	Wynyard	Wynyard Hospital	8	0	4	12	0
	Lanigan	Lanigan Hospital	4	0	6	10	0
	Watrous	Watrous Hospital	4	0	8	12	0
Midwest	Rosetown	Rosetown and District Health Centre	20	0	0	20	0
	Outlook	Outlook Union Hospital	13	0	6	19	0
	Davidson	Davidson Hospital	7	0	6	13	0
Prairie West	Kindersley	Kindersley Hospital	16	0	6	22	8
	Kerrobert	Kerrobert Hospital	6	0	14	20	0
Assiniboine Valley	Kamsack	Kamsack Hospital	20	0	19	39	2
	Canora	Canora Hospital	16	0	12	28	0
	Preeceville	Preeceville Hospital	10	0	11	21	0

Appendix IV:
Hospital beds staffed and in operation, March 31, 2000[1]

District	Community	Hospital	Acute Care Beds[2]	Psychiatric Beds	Other Beds (Rehab/ LTC/ Other)[3]	All beds	Newborn Bassinets
Central Plains	Humboldt	St. Elizabeth's Hospital	46	0	0	46	6
	Wadena	Wadena Hospital	16	0	6	22	0
Saskatoon	Saskatoon	The Royal University Hospital[4]	358	38	0	396	79
	Saskatoon	St. Paul's Hospital	198	0	0	198	0
	Saskatoon	Saskatoon City Hospital	173	25	34	232	0
Greenhead	Biggar	Biggar Union Hospital	13	0	0	13	0
	Unity	Unity Union Hospital	11	0	0	11	1
Pasquia	Tisdale	Tisdale Hospital	24	0	0	24	3
	Kelvington	Kelvington Hospital	14	0	4	18	0
	Hudson Bay	Hudson Bay Hospital	10	0	0	10	1
	Porcupine Plains	Porcupine-Carragana Hospital	9	0	6	15	1
North Central	Melfort	Melfort Hospital	42	0	0	42	0
Gabriel Springs	Rosthern	Rosthern Hospital	31	0	0	31	4
	Wakaw	Wakaw Hospital	19	0	2	21	2
North-East	Nipawin	Nipawin Union Hospital	49	0	0	49	3
	Carrot River*	Carrot River Union Hospital	6	0	2	8	0
Prince Albert	Prince Albert	Victoria Hospital	121	40	0	161	14
Parkland	Shellbrook	Shellbrook & District Hospital	20	0	0	20	0
	Spiritwood	Spiritwood Hospital	15	0	0	15	0
	Big River	Big River Hospital	9	0	0	9	0
	Hafford	Hafford Hospital & SCH	4	0	0	4	0
Battlefords	North Battleford	Battlefords Union Hospital	94	0	0	94	10
Twin Rivers	Maidstone	Maidstone Hospital	24	0	2	26	4
	Turtleford	Riverside Memorial Hospital	23	0	3	26	3
	Paradise Hill	Paradise Hill Hospital	11	0	2	13	3
Lloydminster	Lloydminster	Lloydminster Hospital	58	0	0	58	0
Northwest	Meadow Lake	Meadow Lake Hospital	31	0	0	31	6
	Loon Lake	Loon Lake Union Hospital & SCH	12	0	0	12	0
Mamawetan Churchill River	La Ronge	La Ronge Health Centre	18	0	0	18	5
Keewatin Yathé	Ile a la Crosse	St. Joseph's Hospital	13	0	14	27	3
	La Loche	St.Martin's Hospital	9	0	0	9	3
Athabasca	Uranium City**	Uranium City Municipal Hospital	0	0	0	0	0
		Total[5]	**2,944**	**183**	**201**	**3,328**	**315**

* Carrot River Hospital has been operating as a Health Centre since December 1999.
** Uranium City Hospital has been operating as a health centre.

(1) Beds staffed and in operation on March 31, 2000 as reported to Saskatchewan Health by health districts in their health district plans.
(2) Acute Care Beds Staffed and In Operation consist of short-term acute care beds, excluding psychiatric beds, newborn bassinets, and neonatal intensive care units (NICU).
(3) Other beds may include a variety of other uses: palliative care, observation care, respite care, convalescent care, among others.
(4) Royal University Hospital bassinet count includes 50 bassinets and 29 NICU beds.
(5) Hospital beds used for long-term care not reported for Estevan, Weyburn, Regina, Moose Jaw, Swift Current, Melville, Yorkton, Saskatoon, Humboldt, Tisdale, Melfort, Nipawin, Prince Albert, North Battleford and Lloydminster. Total does not include 307 beds in Wascana Rehabilitation Centre. Wascana beds include 56 rehabilitation beds, 197 extended care and 54 other (DVA) long-term beds (total of 307 beds).

Appendix V: Saskatchewan Health directory of services

Alcohol and Drug Services	(306) 787-7239
Birth, Marriage and Death Certificates and Changes of Name (Vital Statistics)	
Saskatchewan residents	1-800-458-1179
Regina (local)	(306) 787-3092
Bursary Programs	(306) 787-3060
Communicable Disease Control	(306) 787-1460
Drug Plan (prescriptions)	
Saskatchewan residents	1-800-667-7581
Regina (local)	(306) 787-3317
Family Health Benefits	
Saskatchewan residents	1-800-266-0695
Regina (local)	(306) 787-3124
Health Services Care Registration and Information	
Saskatchewan residents	1-800-667-7551
Regina (local)	(306) 787-3251
Saskatoon (local)	(306) 933-6275

Health Workforce Planning	(306) 787-3152
Hospital and Emergency Services	(306) 787-3204
Long-Term Care and Home Care	(306) 787-3479
Mental Health	(306) 787-3297
Out-of-Province Health Services	
Saskatchewan residents	1-800-667-7523
Regina (local)	(306) 787-3475
Personal Care Homes	(306) 787-1715
Population Health	
Saskatchewan residents	1-800-667-7766
Regina (local)	(306) 787-3084
Primary Health Services	(306) 787-0889
Problem Gambling Services Information	(306) 787-4626
Provincial Laboratory	(306) 787-3131
Saskatchewan Aids to Independent Living (SAIL)	(306) 787-7121

For up-to-date information on

Saskatchewan Health programs and services, call:

Regina (306) 787-3696

Visit our Website at:

www.gov.sk.ca/health/

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